Prescription for the Future: Clinician Leadership in Workforce Development
If all health center clinical vacancies were filled today, health centers could serve 2 MILLION more patients.

Learning Objectives

- Making the Case for Clinician Leadership
- Describe effective models – Shasta Community Health Center
- Understand Role of Clinician Leadership:
  - Creating Educational Health Centers
  - Primary Care Workforce Policy and Advocacy
If the Universe is not generating the quality workforce you are looking for; then create a new reality.

-Dean Germano,
Shasta Community Health Center

Quick Poll

• How many of you already run or are directly involved in Residency Teaching?
• How many of you run or are developing a NP-PA Residency/Fellowship?
• How many of you run or are directly involved in teaching of affiliated clinical workforce?
• If none of the above, how many would like to do some or all of the above?
Shasta’s Experience

- We Created:
  - An Accredited Teaching Health Center FP Program
  - A NP/PA Post Graduate Fellowship Program
  - Dental Residents - NYU Lutheran
  - Dental Students – UC San Francisco
  - Medical Students – UC Davis PRIME Program
  - Dental Hygienist – Shasta College
  - Etc., etc.

Making the Case: Investing in Clinicians as Workforce Training Leaders

- Developing training programs are among the most difficult tasks a CHC can take on.
- Training programs do not match up well with current FFS/PPS reimbursement models.
- Training programs are naturally “clinician-centric” - a significant investment of clinician time - time away from direct patient care – is needed.
Getting Started: Nurturing Clinician Engagement in Workforce Development

- Successful organizations have a culture of clinician engagement – do you?
  - Are clinicians involved and active on all major committees of the organizations?
  - Have you carved out time for your clinician leaders to engage without penalizing them for doing so?
  - Where is the vision of workforce training coming from – e.g. clinicians, management, board?
  - Do you have a “Clinical Champion” to lead your workforce efforts?

Getting Started: Further Preconditions

- Have you invested (time and treasure) in the Administrative training of your clinical leaders beyond your CMO?
- Do your clinical leaders play an active role in your Management Infrastructure?
- Do your clinical leaders understand the trade-offs, particularly operationally and financially?
- Do you let your clinical leaders provide the vision and enthusiasm for such work?
Clinical Leadership – Policy to Practice and Back again – an example!

Dr. Debra Lupeika – Shasta CHC FP Residency Director
- Active Member:
  - California Academy of Family Medicine
  - California Medical Association
  - Shasta-Trinity Medical Society
- Prospective Member; Song-Brown Commission

The Challenge: Managing the Pace of Change

- Events never seem to be “in sync” - things are either moving too fast or too slow.
- When there is strong trust and confidence between clinician leaders and other organizational leaders there is a willingness to take chances and adjust the pace even if it means admitting mistakes.
- In my experience, other than perhaps adding EHR for the first time, starting a clinical workforce training program is among the most challenging and most rewarding efforts a CHC can undertake.
What is your health center’s greatest workforce challenge?

Clinician Leadership: Creating Education Health Centers

How to Engage Clinicians in Education and Training

• Develop an environment of quality, critical thinking, and scholarly inquiry
• Begin the process of Designated Institutional Official (DIO) and Faculty Development
• Build your academic team
• Think broader.....much broader....than your health center
Develop an Environment of Quality, Critical Thinking, and Scholarly Inquiry

- Robust residency programs stand on the shoulders of robust FQHCs
- Are you PCMH certified?
- Do you have electronic library access for your providers?
- Do you publish your QI projects? Internally? Externally?
- Do you do population health analysis?

Begin the Process of DIO and Faculty Development

- Board Certified physicians
- DIO to participate in annual ACGME DIO meeting
- Monthly educational sessions for potential faculty
- Academic relationship(s)?
Build your academic team

- Who are your champions?
- You never know who might find this threatening
- Find your administrative people
  - Director of GME
  - Program Coordinator
  - Grow your quality improvement team

Think broader.....much broader....than your health center

- You must partner with others
- You will need hospital privileges
- You may even be needing to do Obstetrics
- Your physicians and your administrators both need solid relationships with the hospital you refer to
Clinicians: Involvement in Educational Planning and Operations

• Can’t do it without you!
• You will need to have your time allocation for administration increased to take this on
• And you will need to budget administrative time once the program is operational
• Be open to learning
• Be open to doing your own research
• Use your networks

Clinician Leadership: Workforce Policy and Advocacy Champions

• **Bring them to the table** (and encourage them to stay at the table)
• **Educate them on the legislative process** – make the linkage between their career, health center, and state/federal policy and funding impacting workforce
• **Train them to share their story**
• **Create opportunities for sharing** – legislative visits, health center tours, local media
A PCA Perspective: Setting Direction and Championing Workforce Funding

- Nurse Practitioner Scope Change in California
  - CPCA Clinician Committee debate
- $100 Million Primary Care Funding Request (CA FY 16-17 Budget)
  - Clinician and residents as face of campaign - participation in statewide Lobby Day, in-district meetings and media campaign
- Song-Brown Commission Administrative Advocacy
  - Clinician testimony and public comment

Where will your health center (re) start?
Dream Big.
Be Bold.