IMPLEMENTATION GUIDE SUPPLEMENT

ENGAGED LEADERSHIP

How Health Center Board Members Can Support PCMH Transformation

May 2013

TABLE OF CONTENTS

Introduction 1
The Patient-Centered Medical Home (PCMH) Model of Care: What Health Center Board Members Need to Know 2
PCMH Transformation: The Role of the Board 2
Supporting PCMH Transformation: What Boards Can Do 3
Build PCMH into your health center's mission, vission, and values 3
Recruit and support leadership 4
Build a culture of continuous quality improvement 4
Delegate adequate financial and human resources 5
Sustaining Transformation: What Boards Can Do 6
Conclusion 6
Appendix A: Executive Director Job Posting 7
Appendix B: Sample Board Meeting Agenda 8
Appendix C: Questions to Ask About PCMH Transformation 9



Also available
Engaged Leadership: Strategies for Guiding PCMH Transformation

Introduction

Federally Qualified Health Centers (FQHCs) are non-profit private or public entities serving medically-underserved populations. These health centers are required by law to have consumer-majority boards. The board's role is to help health centers define and fulfill their mission by providing governance. Specifically, health center boards:[1]

- Define and preserve the health center's mission.
- Establish and monitor health center policies and procedures.
- Set and monitor the health center's budget and safeguard the health center's assets.
- Make decisions about how resources are used.
- Select, evaluate, and support the health center's CEO/Executive Director.
- Monitor overall health center performance (as well as the board's own performance).
- Plan for the health center's long-range future.

Health center boards have unique opportunities to support and sustain PCMH transformation and other types of primary care improvements because consumers (those who use the health center) are part of the team making decisions about how the health center operates. Research suggests that consumer participation on governing boards ensures greater focus on the scope of care delivered to patients, resulting in higher quality care, lower cost services, and better procedures for addressing patient complaints.[2, 3]

The role of the Board is to support high-quality care in the community while keeping in mind the financial health of the organization. *—Ally Brown, board member, Neighborcare (Seattle, Washington)*

Message to Readers

The following is a supplement to the Engaged Leadership Implementation Guide. It is written specifically for health center board members. For board members interested in general PCMH leadership strategies, we recommend starting with the Implementation Guide, Engaged Leadership: Strategies for Guiding PCMH Transformation. For more reading on the role of the health center board, please visit the National Association of Community Health Centers' (NACHC) Governance Clearinghouse.

Readers are also encouraged to download additional Safety Net Medical Home Initiative Engaged Leadership materials:

- PCMH Strategic Planning, Quality Improvement, and Business Processes Tool

The Patient-Centered Medical Home (PCMH) Model of Care: What Health Center Board Members Need to Know

The Patient-Centered Medical Home (PCMH) Model of Care is a new model of primary care delivery. The entire health center board needs to be educated about PCMH in order to effectively support implementation. In a PCMH practice, each patient is linked to a specific primary care provider and care team. This care team provides continuity-care and coordinates services if the patient needs care from another facility (e.g., hospital) or specialist. PCMH practices use decision support tools, measure their performance, and actively engage patients in their own health care and in quality improvement efforts. PCMH demonstrations have shown that the PCMH Model of Care can improve clinical quality, patient and provider experience, and reduce healthcare costs.

PCMH transformation requires a fundamental restructuring of how care is delivered to patients. Transformation requires changes in how health centers operate (e.g., providing same-day appointments) and how providers and staff interact with patients (e.g., providing self-management support).Staff and leadership need guidance and resources from their health center board to be successful.

PCMH Transformation: The Role of the Board

PCMH transformation cannot be accomplished without active and continuous support from a wide range of leaders. Every leader within the organization plays an important role in PCMH transformation including executive leaders (CEOs, CFOs), medical directors, clinic managers, nurse managers, and board members.

The primary role of the health center board is to build patient-centered care into the fabric of the organization. Having a majority of board members receive care at the health center provides valuable support for change. Board members can communicate their own excitement and motivation for change based on their experience receiving care. In their traditional board roles, members ensure adequate funding for financial and human resources and provide oversight of the transformation process. The following sections provide more information on how board members can support PCMH transformation.

For most health centers, transformation to the PCMH Model of Care entails large-scale change. Staff and leadership need guidance and resources from their health center board to be successful.

Supporting PCMH Transformation: What Boards Can Do

- Build PCMH into the health center's mission, vision, and values, and strategic planning process.
- Ensure PCMH values are reflected in, and supported by, policies and procedures, work plans, and job descriptions.
- Recruit and support leaders who have the expertise to inspire and motivate staff through the transformation process.
- Build a culture of continuous quality improvement and patient-centeredness that holds all health center staff accountable for improvement and follow-through.
- Designate adequate financial and human resources to PCMH transformation activities.

The [Health West, Inc.] Board recently changed its mission to incorporate medical home concepts…The Board should support medical home as a priority and should provide direction to staff that supports medical home transformation, leaving the details to the executive director.

—Amy, board member, Health West, Inc. (Pocatello, Idaho)

Build PCMH into your health center's mission, vision, and values

Boards are responsible for maintaining and explaining the mission, values, and vision of their organizations, internally and externally. The dual role of being both patients and health center board members provides a unique opportunity to be spokespeople for PCMH transformation—to help explain the value of patient-centered care to health center staff, patients, and families, as well as the wider community.

Ideas for board members to consider:

- Review the health center's mission, values, and vision, policies and procedures, operational guides and work plans. If an explicit reference to providing patient-centered care or including patients and families in care processes is lacking, bring this to the board's attention for discussion and revision.
- Review the health center's job descriptions and staff recruitment materials. Do the materials include information on the health center's PCMH activities and goals? Do the materials explicitly state that the health center is a PCMH? If not, these materials need to be updated.
- Does the health center inform patients and their families about PCMH transformation? If not, identify opportunities to educate patients to solicit input and ideas. Consider putting up a poster in the waiting room and adding information to the health care center's website, brochures, and patient orientation materials. Tell patients and families about the benefits of patient-centered care and what they can expect from the health center.

- Health center boards lead strategic planning for their organizations and track performance against those plans. How does the organization address PCMH transformation in strategic planning efforts? Does the health center discuss PCMH efforts and goals during strategic planning? Do leadership, primary care providers, care teams, and other staff have specific PCMH goals? How are staff held accountable for reaching those goals? Consider raising this issue and asking the health center's CEO/Executive Director to include opportunities to brainstorm ways the board can include PCMH transformation and sustainability as part of ongoing strategic planning efforts.
- Create a dashboard of the health center's performance as it relates to PCMH and review it on a regular basis. Share with staff, leadership, and community partners.

Recruit and support leadership

Boards play a key role in recruitment efforts for executive leaders and are responsible for confirming executive leadership positions. Actively seek leaders committed to patient-centered care and who have skills and experience to lead the organization through complex change.

Ideas for board members to consider:

- Review standard interview questions for leadership positions. Do they include questions about experience with and commitment to patient-centered care? Ask about the leader's experience with leading transformational change efforts. Consider what questions board members might wish to ask candidates to make sure their values and priorities are a good match with those of the health center.
- Be explicit about the health center's PCMH journey in job postings and recruitment materials. See Appendix A: Job Posting for an example.
- Boards are required to monitor performance of the health center's CEO/Executive Director. Review standard performance assessment tools for leadership performance for inclusion of questions about the leader's commitment to patient-centered care and his/her effectiveness in leading improvement and transformational change.

Board monitoring signals importance. If board members make reviewing and acting on PCMH data a priority, senior leaders and frontline staff will, too. For more ideas, see Appendix B: Sample Board Agenda and Appendix C: Questions to Ask about PCMH Transformation.

Build a culture of continuous quality improvement and patient-centeredness that holds all health center staff accountable for improvement and follow-through

Boards support PCMH implementation by providing training and oversight and devoting resources to quality improvement. Boards set the tone for their organizations by setting goals and delegating resources accordingly. Boards play an important role in motivating staff to achieve goals, and can help build a culture supporting patient centeredness, quality improvement, and transparency.

Ideas for board members to consider:

- Make transformation and quality improvement key priorities for the health center. To learn more about the importance of quality improvement in the PCMH, read the Quality Improvement Strategy Part 1 Implementation Guide.
- Ask questions about the health center's clinical, operational, and financial performance at every board meeting. Hold senior leaders accountable for providing high quality, patient-centered care. See Appendix C: Questions to Ask About PCMH Transformation later in this document. It includes sample questions to ask the health center's CEO/Executive Director about PCMH transformation and patient-centered care.
- An important part of PCMH transformation is using data to drive improvement. Senior leaders need to collect and review PCMH data on a regular basis and share regular summaries of progress with the board. Make this a standing agenda item. Ask the health center's senior leaders to present PCMH trend data and provide action plans to improve lagging measures.

- Develop a dashboard to highlight important measures. See an example in the Engaged Leadership Implementation Guide. Dashboard data should show board members how well the health center is implementing PCMH, and the impact of changes on patients, staff, and the health center's finances. PCMH dashboards typically include:
  - Clinical quality measures (e.g., depression screening rate).
  - Patient experience measures from surveys, focus groups, or ad hoc meetings.
  - Provider and staff satisfaction data from surveys or focus groups.
  - Practice transformation measures (e.g., percentage of patients empanelled).
  - Efficiency measures (e.g., no-show rates).
  - Data on cost and revenue.
- Encourage the health center to participate in quality improvement initiatives and to take advantage of PCMH education and training opportunities (e.g., state, regional, or national initiatives). Quality improvement is an ongoing process and all staff have a role. Convey the expectation to leaders that all staff should have a role in, and responsibility for, QI, and make sure leaders and frontline staff have protected time to participate in this essential work.

Operating as a PCMH requires enhanced communication and coordination, both within the practice and between the practice and other care settings. It also requires patient education and support. These activities take staff time and are currently often not billable. Boards play an important role in supporting PCMH transformation by building budgets that allow for this essential, but typically non-billable, work.

Delegate adequate financial and human resources

Work with senior leaders to build financially viable budgets and provide resources for essential PCMH supports, such as protected time for non-billable clinical support activities (e.g., team huddles, team meetings, and data analysis).

Ideas for board members to consider:

- Ensure that the health center's financial manager supports PCMH transformation and has adequate training to understand the health center's changing staffing and infrastructure needs. Staff at the health center will need protected time for quality improvement, team, and clinical support activities (e.g., huddles). Some staff will need skills training in order to take on new or enhanced roles (e.g., panel management). Additional infrastructure or technology upgrades (e.g., phone system, EHR, registry) or facility changes (e.g., space remodel to facilitate team co-location) may also be needed.
- Encourage the health center's executive leaders to pursue opportunities for enhanced PCMH payment from public and private/commercial payers. Many payment opportunities require medical home recognition from a national or state-based recognition or accreditation body. Ask the CEO/Executive Director if the practice is eligible for or receiving incentive payments. If not, ask them to inquire about opportunities. Ask about pursuing PCMH recognition from a state or national recognition or accreditation body. If not now, discuss when to revisit the possibility.

[The] Board should be responsible for ensuring that staff members are held accountable for providing high-quality customer service and patient-centered interactions.

—Eloise McDonald, board member, Matilda Theiss Health Center (Pittsburgh, Pennsylvania)

Sustaining Transformation: What Boards Can Do

Engage the community

Board members can leverage their experience and position to engage the community. Consumer members of the board can speak about their own experiences with PCMH and explain how PCMH care differs from traditional illness-based, episodic care. Community partners can help the health center provide much needed services to patients: transportation, food assistance, education, and other social speciality services.

Facilitate relationships with other care providers

Many health center board members have relationships with healthcare facilities or provider networks in their communities. Board members may be able to facilitate or enhance relationships between the health center and these entities. Strong relationships are critical for care coordination.

Advocate for payment reform

Board members can take an active role at local, state (PCA, Medicaid), and national levels to advocate for payment reform to support enhanced payment for PCMH practices.

Conclusion

Implementing the PCMH Model of Care requires a commitment to system-wide transformation. Health centers adopting the PCMH Model of Care require guidance, direction, and resources from their leaders and boards. Supportive board members can help health centers make and sustain key changes that will lead to improved health outcomes for patients and communities.

References

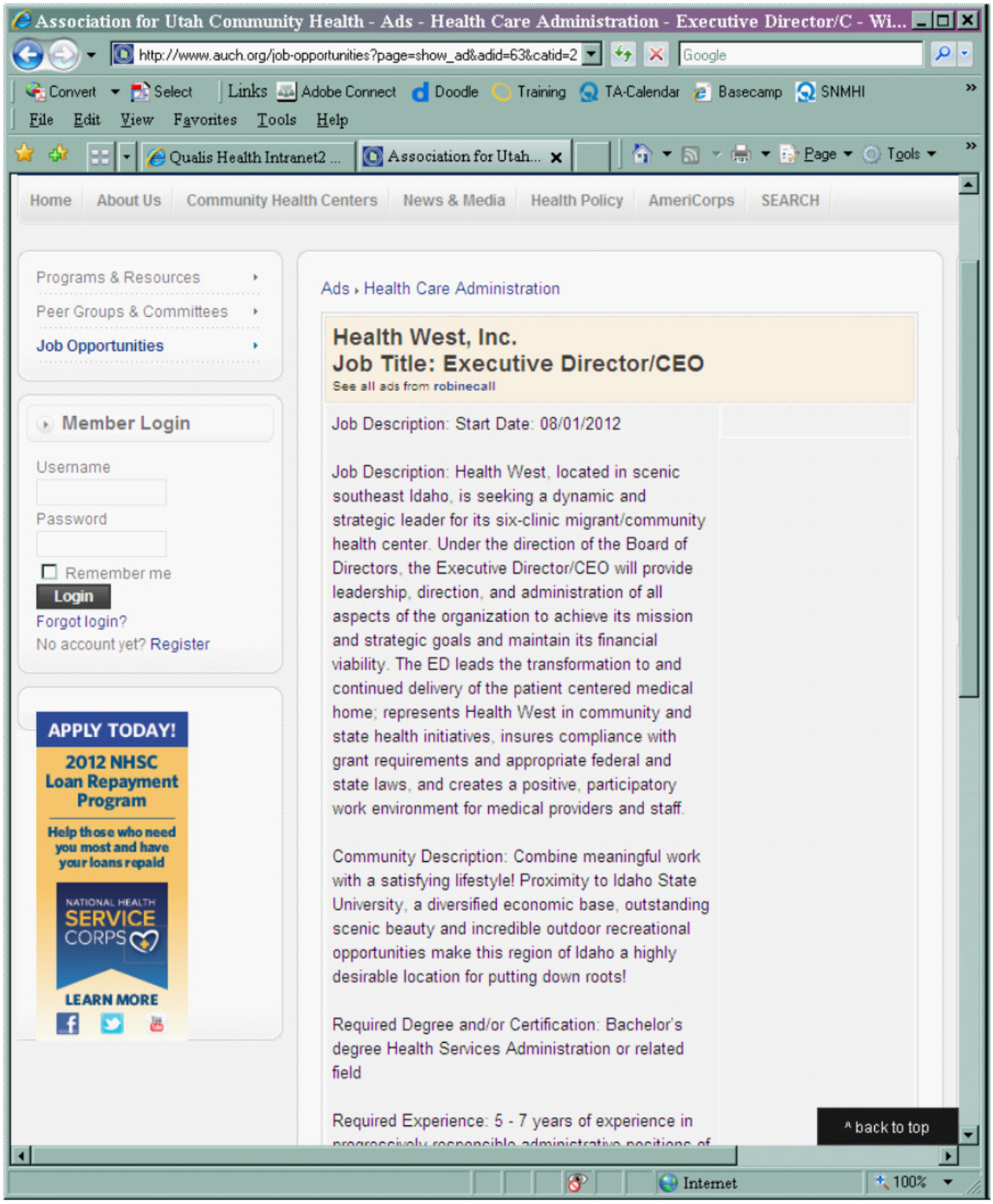
1 National Association of Community Health Centers. Information Bulletin #3: The Role of the Health Center's Board of Directors in Establishing a Quality Assurance Program. March 2003. Accessed November 2011.

2 Butler L, McKenzie R, Samuaels ME, Xirasagar S. National Survey of Community Health Center Board Chairs. National Rural Health Association. 2005. Accessed November 2011.

3 Crampton P, Davis P, Lay-Yee R, Raymont A, Forrest CB, Starfield B. Does Community-governed Nonprofit Primary Care Improve Access to Services? *Int J Health Ser.* 2005;35(3):465-478.



Appendix A: Executive Director Job Posting



Appendix B: Sample Board Meeting Agenda

Any Town CHC Board Meeting Agenda Example

6:30p Welcome/Introductions (10 minutes)

- Review and approval of minutes
- Agenda review and confirmation
- Review ground rules

6:40p Transformation Update (30 minutes)

What's going well?
Where do we need to focus our efforts?

- Review of monthly QI Dashboard
- Update on implementation of same-day appointments
- NCQA PCMH Recognition Application Status
  a. Review of PCMH-A/RAS data
  b. Approve revised provider minimum staffing policy
  c. Determine next steps (who, what, and by when?)

7:15p Review of 4th Quarter 2012 QI Activities and planned 1st Quarter 2013 Activities (30 minutes)

- Comments on improvement outcomes and potential need for adjustment
- Check on continued alignment with strategic priorities and NCQA Recognition application
- What questions do you have?

7:45p Patient care story (10 minutes)

- Ms R shares her experience with medication refill problems
- Nurse S reads patient comment card commending staff for reducing appointment wait times

7:55p Quarterly Budget Review (20 minutes)

- Monthly review of financial reports
- Review staff request for new Practice Transformation Facilitator
- Review staff request for additional retreat day for 2013

8:15p Wrap-up and evaluation (15 minutes)

- Summary of action items
- Meeting evaluation

8:30p Adjourn

Appendix C: Questions to Ask About PCMH Transformation

Board monitoring signals importance. As a board member, you need to be prepared to ask questions about your health center's clinical, operational, and financial performance, and hold executive leaders accountable for providing high-quality, patient-centered care. Below are some sample questions that you (as a board member) could ask your health center's CEO or Executive Director about PCMH transformation and patient-centered care.

Clinical Quality

- What clinical quality indicators are most important for us to track in order to understand the health of our patient population? Are we tracking these on a regular basis? Who is responsible for reviewing these data?
- Are we making improvements in [insert key indicators, e.g., diabetes care or obesity rates]? If not, what is our plan to improve these measures? What can the board do to help?

Patient Experience

- How (and how often) do we ask our patients about their preferences, needs, and values?
- Do we have a systematic way of obtaining feedback from patients about their experience (e.g., patient experience survey)?
- Are patients and family members invited to participate in improvement efforts?
- What is our process for acting on patient concerns or complaints?

Provider and Staff Satisfaction

- What is our staff turnover rate? How does that compare to other community health centers in our area?
- Do we have measures on our staff satisfaction survey that assess burnout and exhaustion?
- Are our staff empowered to work at the highest level their training and licensure allow, so that all staff are able to contribute to the clinical care of our patients?
- What training or other support to we offer to our staff to help them better help our patients?

Practice Transformation

- What percentage of our established patients are empanelled to a personal provider and care team?
- Who is our panel manager? What do they do to prevent care gaps?
- What percentage of the time do our patients see their personal primary care provider or care team?
- If an established patient were to call tomorrow for an urgent appointment, how long would they have to wait to get in?
- If a new patient were to call tomorrow for an appointment, how long would they have to wait to get in?
- How many same-day appointment slots do we have?

Efficiency

- Have our transformation efforts resulted in efficiencies for our health center? For example, has our work on access reduced our no-show rate?
- Have we reduced unnecessary emergency department use in our community by providing enhanced access and better care coordination?
- What is our health center's policy regarding post-discharge follow-up for patients that have been hospitalized?

Recommended citation: Safety Net Medical Home Initiative. Phillips KE, Long A, Altman Dautoff D. Engaged Leadership Supplement: How Health Center Board Members Can Support PCMH Transformation. In: Phillips KE, Weir V, eds. *Safety Net Medical Home Initiative Implementation Guide Series.* 2nd ed. Seattle, WA: Qualis Health and The MacColl Center for Health Care Innovation at the Group Health Research Institute; 2013.

Acknowledgments: This document was created by the Safety Net Medical Home Initiative (SNMHI). The partner sites and Regional Coordinating Centers that participated in the SNMHI were members of a learning community working towards the shared goal of PCMH transformation. The *SNMHI Implementation Guide Series* was informed by their work and knowledge, and that of many organizations that partnered to support their efforts. We gratefully acknowledge the contributions of partner sites and Regional Coordinating Centers, and especially the following individuals and organizations that contributed to this specific guide.

Based on the following resources from the first edition of the *SNMHI Implementation Guide Series*:

- Safety Net Medical Home Initiative. Phillips KE, Long A. Engaged Leadership Implementation Guide Supplement: How Health Center Board Members Can Support Medical Home Transformation. 1st ed. Reed R, ed. Seattle, WA: Qualis Health; June 2012.

With contributions from: The authors wish to thank board members Amy Cunningham (Health West, Inc.; Pocatello, Idaho), Allison Brown (Neighborcare; Seattle, WA), and Eloise McDonald (Matilda Theiss Health Center; Pittsburgh, PA) for their time and perspectives. The authors also wish to thank Keith Kanel (Pittsburgh Regional Health Initiative) and Stephen Weeg (HealthWest, Inc) for their review and suggestions.

Safety Net Medical Home Initiative

This is a product of the Safety Net Medical Home Initiative, which was supported by The Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice policy. The views presented here are those of the author and not necessarily those of The Commonwealth Fund, its directors, officers, or staff. The Initiative also received support from the Colorado Health Foundation, Jewish Healthcare Foundation, Northwest Health Foundation, The Boston Foundation, Blue Cross Blue Shield of Massachusetts Foundation, Partners Community Benefit Fund, Blue Cross of Idaho, and the Beth Israel Deaconess Medical Center. For more information about The Commonwealth Fund, refer to www.cmwf.org.

The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S.

QUALIS HEALTH™

THE COMMONWEALTH FUND

GroupHealth®

MacColl Center for Health Care Innovation