6) Health Leadership Capacity Development – FINALIST

Lawrence General Hospital

Neil Meehan, DO, FACEP, MHCM, Chief Medical Officer, Lawrence General Hospital and Co-Medical Director of ChoicePlus PHO; Dan Hale, MD, FAAP, Chief Medical Informatics Officer, Lawrence General Hospital and Medical Director of Pediatric Hospitalist Medicine; dan.hale@lawrencegeneral.org

PROJECT DESCRIPTION

Four years ago the hospital had no clinical leadership development program. Physician "leaders" within the organization were primarily volunteer chiefs of services and few contracted medical directors; none of whom had formal leadership training. The voluntary chiefs were unengaged and essentially weakly aligned with the organization. There was little previous effort to develop physician leaders and directors were appointed based on "willingness" rather than leadership skills.

Like other health systems, we were inundated with change and facing problems that required adaptive solutions and physician engagement. The lack of physician leadership within the organization led to ineffective process improvement initiatives and poor change management. This inhibited our ability to be successful in quality measures, safety initiatives, and innovation. Building this adaptive capacity would require a major educational effort, primarily targeting our physicians.

Early efforts to send physicians to short term courses in leadership did not lead to a sustainable development path and were quite costly to the organization. Therefore, it was decided that physician leadership capacity building could be done "in-house" with resources that currently exist. This would not only cut cost but has the added value of convenience for the instructors, facilitators, and students. Several focus groups also came to the conclusion that viable development training required a long term commitment by the organization and the potential leaders. The focus groups eventually outlined a 2 year program with key domains of leadership that would be incorporated in the program. These include:

1. Organizational Behavior Concepts and Team Building
2. Finance and Budgeting
3. Operational Management
4. Compliance
5. LEAN
6. Quality Concepts and Measurement
7. High Stakes Communication/Public Speaking
8. Negotiation and Conflict Resolution

In order to have meaningful depth in these domains, the course requires 80 contact hours, spread over 2 years. Twenty sessions were scheduled and each session was mapped to a domain. The modules are grouped together by subject matter and a 4-hour learning module is taught to a cohort of students monthly. Two cohorts run simultaneously with each being offset by one year.

The course work is based on adult learning concepts and is dominated by facilitated activity and interaction. In order to have an immediate organizational advantage, didactic sessions are coupled with real-time challenges presented through a process of storyboarding. Storyboarding is a structured way to share a student's current project. It is meant to augment the course work by applying newly learned concepts to a current in-hospital initiative or constructive feedback when the project is faced by challenge.

Finally, each year ends with a leadership summit. This is a half-day event for the entire medical staff where several prominent physician leaders from the area are invited to give a presentation about their leadership journey.

The bulk of the course is taught by internal leaders at the hospital. Content experts were willing to volunteer their time as the core educators. Some examples include a leader who was black belt in LEAN, senior VP of quality and patient safety, and the CFO who would contribute to the finance and budget components.

The course is supported by the Medical Staff with an allocation of $7500 per year and the hospital budgets another $15K. The first class participated free of charge and subsequent cohorts are now paying a nominal fee of $500 per year which is typically sponsored by their department or other organization. Most similar courses will cost > $50 per credit for a total cost of $4000! Considering that more than 51 leaders have completed training or are currently in a training cycle, this is a tremendous savings to the participant, sponsoring departments, and the organization. It was estimated that the organization would spend $250,000 to replicate the training using outside sources.

OUTCOMES ACHIEVED

1. The program has become financially sustainable over the last two years and is now into its third year.
2. The program has consistently maintained a waiting list due to its overwhelming popularity, affordability, and quality of education.
3. The program has graduated 13 clinicians and is currently training 38 more.
4. We have increased our physician leadership capacity and now every major committee or task force is chaired or co-chaired by a physician leader.
5. The program has trained several new clinician leaders who have gone on to assume critical roles within the hospital and community. Some examples include the CMIO, Director of Hospitalist Medicine, and Medical Director of Population Health.
6. The program has trained clinicians outside of the community and certainly added to the collective capacity of physician leaders in Massachusetts and Southern New Hampshire. Physician representatives from academic medical centers, physician multispecialty groups, and community based practices have participated in the 2 year course.
7. Several of our innovations and quality milestones have been linked directly to these newly trained leaders and their respective teams. These include: a successful Medicare waiver program (DSTI) that brought $43 million to the organization, attestation of meaningful use stage 2, development of our Division of Population Health which has currently turned an $800K deficit ACO budget into a surplus, and across the board quality improvements. (Medicare Core Measures 25% improvement, Leapfrog improvement from 8th decile to 2nd decile, and improved patient safety indicators, health care acquired infections, and health care acquired conditions)

LESSONS LEARNED

1. Leveraging content administrative experts (CFO, VP of QPS, CEO, etc.) within your own organization is a very efficient, cost effective way to build a program and has the secondary effect of building rapport between clinicians and administration.
2. The initial effort was only focused on physicians however it became clear that effective teams and culture change prompting the program to extend the training to nursing and other services such as pharmacy.
3. There is a pent up demand for this type of training for physicians and other clinical roles evidenced by a yearly waiting list for every Cohort.