clinic leadership institute

A Project of Blue Shield of California Foundation

Looking Today for the Leaders of Tomorrow

2010

CLI Vision and Goal

Vision

- A strong and vibrant community clinic system in California that meets a variety of current and emerging needs for a diverse population.

Goal

- Engage and prepare California's emerging community clinic leaders to be effective and passionate managers and change agents in a rapidly evolving healthcare environment.

CLI is looking for:

Emerging leaders in California's community clinics with…

- Long-term commitment and passion for serving the healthcare safety net
- 3 or more years experience in a community clinic or eligible consortium
- Management or supervisory position
- Recognition by others as an emerging leader
- Clinic sponsorship
- Committed to learning and change
- Desire to participate in a leadership network

Clinic Leadership Institute Project (CLIP)
Prevention of Diabetes Related Blindness

Inder Wadhwa
Northern Valley Indian Health, Inc.

blindness in diabetic patients

Diabetes Mellitus (DM) is 2 to 5 times more prevalent among the American Indian population than the general population as a whole. Diabetic Retinopathy (DR) is a micro-vascular complication that develops in nearly all persons with DM and is the leading cause of new cases of blindness and visual impairment among adults. Virtually all diabetics eventually have DR. Following are the real examples of the effect on Vision by diabetes.

51 Year old Female, diabetes x 15 years, uncontrolled high blood sugar & high blood pressure.

56 year old male, diabetes x 18 years, well controlled past 13y, blood pressure controlled with Lisinopril.

preventing blindness through increased access to eye-care

Blindness due to diabetes can be eliminated by timely diagnosis and treatment. The standard of care for DR surveillance is an annual diabetic retinal examination.

Goal:

To increase the Retinopathy Exam ratio, a GPRA indicator from 45% to minimum of 75% among diabetic Native American patients at Pit River Health Service by end of March 2009, achieving early detection and prevention of blindness.

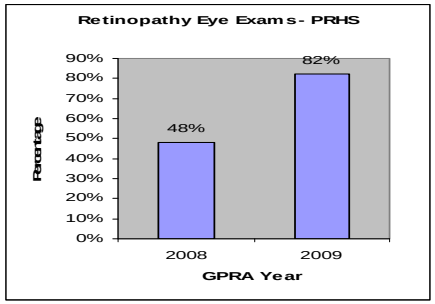
Strategic Objectives:

1. To install a Retinopathy Eye Camera at the clinic and collaborate with UC Davis for their diagnosis.
2. To promote preventive eye care through education and to increase the yearly Retinopathy Exam among diabetic patients to detect the early signs of eye nerve damage.

outcomes

Outcome 1:

The Retinopathy Eye Exam Ratio among Native American diabetic patients served by Pit River Health Service increased from 48% to 82% in one year (February 2009) resulting in early detection and prevention of blindness.



Outcome 2:

- Access to care- The Ophthalmology services available in-house. In the past, patients had to travel 100 miles to be seen by an Eye Doctor.
- Education about the effects of diabetes among patients increased.
- Patients do not experience pain as dilation is not necessary.
- Long term financial savings- Lower cost with quality equal to or better than a normal exam.

Outcome 3:

IHS increased funding based on improved GPRA scoring and other audit results hence.

Outcome 4:

Increased collaborations with UC Davis, IHS Phoenix Area office and other community clinics.

lessons learned

- **Diabetic patients have 25 times the likelihood of becoming blind as compared to ones without diabetes. However, eye complications can be safely and effectively treated when identified early.**
- **Quality of healthcare is directly proportional to its accessibility and affordability.**
- **Controlled blood sugar level, blood pressure, kidney function and abdominal obesity reduces the onset and progression of diabetic retinopathy.**
- **Proper use of technology can result in improved care, reduced expenses and increased collaboration.**

the clinic

Pit River Health Service (PRHS) is primarily a Native American clinic providing Medical, Dental, Behavioral health, diabetes prevention and Community Health services in eastern Shasta, Lassen and Modoc Counties.

PRHS with an annual turnover of $3.75 Million with over 15,000 patient visits per year serves all patients with over 70% patients being Native Americans. PRHS has main clinic in Burney, CA and a satellite clinic in Alturas.

This project was initiated and completed for Pit River Health Service (PRHS). Now I work for Northern Valley Indian Health (NVIH).

contact me

For more information, contact me:
Inder Wadhwa
Phone: 530-896-9409
Email: iwadhwa@nvih.org

clinic leadership institute
A Project of Blue Shield of California Foundation

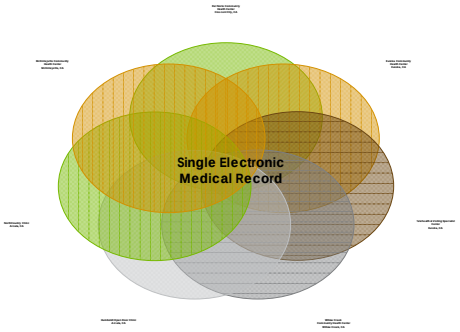
To learn more about CLI go to:
www.clinicleadershipinstitute.org

Clinic Leadership Institute Project (CLIP)
Electronic Medical Record, Seven Sites in 13 Months

Stacy Watkins
Open Door Community Health Centers, serving Humboldt & Del Norte Counties

statement of problem

Open Door Community Health Centers' seven medical clinics serve Humboldt and Del Norte Counties. Patients are assigned a Primary Care Provider at their first visit. However, they can be seen at any clinic if the need arises. Our patients could potentially have seven separate medical charts which can be a significant barrier to providing quality care.



project description

Implement a single organizational wide integrated practice management and electronic health record system.

goal

To reduce the fragmentation of patients' healthcare within our system.

strategic objectives

1. Reduce the number of medical charts to one per patient by September 30, 2009.
2. Increase accessibility to patient records and allow on-call providers to access the EMR from home in order to best treat the after-hours care of our patients.

outcomes

outcome 1

- **January 2009** Implementation of the new Practice Management System completed in all nine sites.

outcome 2

- **August 2009** First site, Del Norte Community Health Center went live on the electronic medical record and practice management systems.
- **April 2009** Humboldt Open Door Clinic and Willow Creek Community Health Center simultaneously went live with the electronic medical record system.
- **June 2009** Eureka Community Health Center, Telehealth & Visiting Specialist Center, and McKinleyville Community Health Center simultaneously went live on the electronic medical record system.
- **September 2009** Last site, NorthCountry Clinic scheduled to go live on the electronic medical record system. This will provide central electronic charts accessible from all facilities.


Del Norte providers and support staff training on EMR

outcome 3

In just ten months our database has developed to a point where we can provide meaningful analysis.

outcome 4

The EMR implementation process has provided us with a truly unexpected outcome; vastly increased teamwork and interdependency . Never before have our personnel understood the effects they have on other departments by the decisions they make.

lessons learned

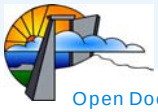
Communication and careful planning are key to achieve system wide change. Every management tool regardless how unconventional, may come into play during such a huge organizational shift. All affected staff must have some ownership of the new system.

Staff need to be allowed to mourn their old workflows in order to accept change. They also have to be allowed to vent when their expectations differ from what the system really can do.

Releasing the mystical hold paper has on our current workflows was harder than originally thought.

Compressed timelines for implementation place an incredible stress on management teams. Without careful planning and support a project of this magnitude can easily get out of hand. However, a quick changeover has definite advantages.

my clinic



Open Door Community Health Centers is a nonprofit, federally qualified health center. Established in 1971, we serve the communities of Humboldt and Del Norte Counties and employ over 350 people in our nine Medical and Dental Clinic Sites. One in four Humboldt County Residents are served by Open Door.

contact me

For more information, contact me:

Stacy Watkins
Deputy Operations Director
670 9th Street, Suite 203
Arcata, CA 95521
707-826-8633 x 127
swatkins@opendoorhealth.com

clinic leadership institute
A Project of Blue Shield of California Foundation

To learn more about CLI go to:
www.clinicleadershipinstitute.org

My CLI Experience

Before CLI, my perspective was limited to my own organization

Through CLI, I gained the following:

- A broader perspective
- A network of resources
  - different ways to approach a problem
  - a shorter learning curve
- Improved management skills (how to work with different types of people)
- A better understanding of health care environment (e.g., health care reform)
- Improved conflict management skills

How to Apply for Cohort 4

Online application process

- opens August 1, 2010 and closes October 31, 2010
- semifinalists interviewed December 2-3, 2010 in San Francisco
- Cohort 4 begins CLI on January 15, 2010
- For more information, go to www.clinicleadershipinstitute.org

Program Details

- 25 participants per cohort; new cohort selected each year
- 18 month program; 6 in-person seminars as well as intersession work

  -focuses on a range of leadership competencies (e.g., financial management, data driven decision-making, strategic thinking)
- Intersession work – 2 to 3 hours/week
- Pods: peer network groups
- Clinic leadership projects (CLIPs)
- One-on-one professional coaching
- Leadership network and alumni activity