NATIONAL ASSOCIATION OF Community Health Centers®

Health Centers Partner with Colleges and Universities to Advance and Retain Leadership and Meet Pressing Needs

A Case Study of the Greater Midwest Association of Primary Care and the University of Kansas School of Medicine

Increased demand for and rising costs of health center services, stemming from an aging population[1], rising chronic illness[2], and improved access to health care coverage[3] has encouraged health centers to rethink care delivery. These evolving health-care delivery systems require both current leaders and a robust pipeline of future leaders who can help their organizations navigate change and continue to deliver high-quality care. Upcoming changes, such as the move away from fee-for-service toward new payment models that emphasize value over volume, will only increase health centers' need for savvy leaders[4].

Partnerships between health centers and colleges are one promising approach to addressing these workforce needs. This case study highlights a partnership between the Greater Midwest Association of Primary Health Care (GMAPHC), a regional collaboration of state Primary Care Associations, and an educational institution, the University of Kansas School of Medicine's (KUMC) Department of Health Policy and Management. Through their joint efforts, new and aspiring leaders gain skills and knowledge in key areas of management competency and executive leadership. They build a lasting nationwide network of peers and are better prepared to meet their health centers' current and future leadership challenges.

The Need for this Partnership

When the Federally Qualified Health Center (FQHC) program experienced dramatic expansions beginning in 2001, the leaders of several Primary Care Associations (PCA) grew concerned that FQHCs lacked a leadership pipeline to grow and manage these new and expanded health centers. "In my experience, many health centers that are challenged have poor leadership or lack quality leaders to move the organization forward in the right direction, in partnership with their staff and boards," says Joe Pierle, Chief Executive Officer of the Missouri Primary Care Association (MPCA). This understanding motivated Pierle, along with colleagues at the ten PCAs who comprised GMAPHC, to launch a regional leadership development initiative that eventually became the Community Health Center Executive Fellowship Program (CHCEF).

GMAPHC members conducted a scan of potential partners and identified the KUMC Department of Health Policy and Management, specifically its Master of Health Administration program, as a promising candidate. Participating PCAs surveyed their member health centers for feedback on program design. Several PCAs within GMAPHC, including Community Care Network of Kansas (CCNK) and MPCA, took lead roles in establishing the program. MPCA secured a multi-year grant that supported startup costs, including partially offsetting tuition costs for regional health centers, which was critical for launching the program. CCNK was heavily involved in program development and their former Executive Director remains on the faculty to this day.

The University of Kansas Master of Health Services Administration Program seeks to improve lives and communities in Kansas and beyond by preparing students to be outstanding health administration professionals and future leaders in the health care sector.

1 Petterson SM, Liaw WR, Tran C, Bazemore AW. Estimating the residency expansion required to avoid projected primary care physician shortages by 2035. Ann Fam Med 2015;13:107-114

2 National Association of Community Health Centers. A sketch of community health centers: chart book 2017. http://www.nachc.org/wp-content/uploads/2017/06/Chartbook2017.pdf. Accessed June 1, 2018.

3 Proser M, Bysshe T, Weaver D, Yee R. Community health centers at the crossroads. JAAPA 2015;28(4):49-53.

4 Sandberg SF, Erikson C, Yunker ED. Evolving health workforce roles in Accountable Care Organizations. Am J Acountable Care 2017;5(2):9-14.

CHCEF was first offered in 2007 and has since grown into a nationwide annual leadership training program. The inaugural program consisted of a yearlong, six-module curriculum designed for FQHC senior executives. The program sought to prepare health centers' most promising employees for a career in health center management, and initially focused on the ten midwestern states represented within GMAPHC. The program started with an in-person two-and-a-half day session in Kansas City, KS, then moved to six online modules, and concluded with a two-day in-person capstone presentation. Upon successful completion of the program, all participants received a certificate from the KUMC Department of Health Policy and Management. Physicians, physician assistants, and nurses were also eligible for Continuing Education Units.

Program at a Glance:

- Originating Partners: A regional collaboration of Primary Care Associations from Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin; and University of Kansas Medical Center's Department of Health Policy and Management
- Target Audience: Federally Qualified Health Centers and Primary Care Associations across the US
- Participants: Executive leadership, directors, managers
- Duration: 11 months
- Format: Primarily online modules; capstone project with in-person presentation
- Cost to participate: $5,100 per participant, plus travel/lodging in Kansas City
- Fees covered by: Participant, although some PCAs and FQHCs offer partial scholarships or scheduling flexibility
- Participant time commitment: 5-15 hours/week

How This Partnership Works

CHCEF is offered annually and trains up to 25 Fellows per cohort. Although initially a regional program, in 2010 when initial grant funding ended CHCEF decided to increase its marketing and other efforts to become a nationwide program. CHCEF also expanded its focus from executive leadership and senior management to include aspiring leaders, and is seen as a resource in succession planning, management resources for new centers, and internal talent cultivation. It currently accepts applicants from both FQHCs and PCAs, although FQHC staff still comprise the majority of Fellows.

CHCEF now uses an online kick-off session. The six online learning modules which are delivered in five week spans each, are spread throughout the year, and each module is followed by a two-week break before the next module begins. At the end of the program, all Fellows convene in Kansas City for a two-day capstone conference and graduation. CHCEF maintains strict participation requirements, including a minimum B grade average for the program as a whole and a minimum C grade average in each module. Learning elements include reading assignments, lectures, quizzes, written assignments, and discussion boards.

The six modules include:

1. The Community Health Center System
2. Health Center Management and Leadership
3. Clinic-based Information Systems
4. Finance & Reimbursement for CHCs
5. Planning and Outcomes Analysis
6. Human Resource Management

The yearlong program currently costs $5,100 per participant. KUMC reports that participant fees do not always cover the full cost of the program. However, running CHCEF aligns with KUMC's Department of Health Policy and Management's strategy to create health care leaders, and CHCEF enables the department to reach the leaders of a critical segment of the US healthcare system. "Health centers are important to millions of people, so there's a social justice piece that's important," says Dr. Ellen Averett, CHCEF Program Director.

Curriculum in Action: Human Resources Management Module

CHCEF has leveraged its decade-plus experience training health center leaders to fine-tune its curriculum. After every module, participants rank how effectively the module achieved its stated learning objectives and suggest opportunities for improvement. All feedback is shared with faculty, who update and change teaching materials accordingly. CHCEF's faculty all possess professional experience in the health care industry or health center context, and they suggest updates as well.

An in-depth look at the Human Resources Management module offers insights into the resulting curriculum. The module is broken into five weeklong sessions. Each session includes readings, lecture(s), an assignment, and an assessment. The instructor provides a syllabus at the start of the module to help students plan ahead, but she only releases one week's worth of material at a time. "The more [students] stick to the timeline, the more they learn," says Marilyn Murray, course instructor, although she will work with students experiencing extenuating circumstances, including those who need extra time in a given week to complete their homework.

Although human resources principles are universal across employers, the application of these principles differs widely by sector and organization, and it is in applying these principles that the instructor creates a high level of customization for the student. When discussing compensation and benefits, for example, students are trained to perform a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to understand how to develop a competitive compensation package for prospective employees. Students learn to emphasize FQHC-specific strengths such as loan repayment, improved work-life balance, and the ability to engage in meaningful work. This approach simultaneously imparts theory, teaches practical tools with wide applicability, and allows Fellows to think through real-life challenges affecting their organization.

Murray recalls hearing from a Fellow that they used one lecture to revamp their entire performance management system. "Everybody loves it!" the Fellow reported. "When I hear feedback like that, I know CHCEF is being successful."

Murray takes seriously her five weeks with each cohort. She responds to email 24/7 because Fellows "like getting problems solved without having to wait for academic hours," she says. She also offers to respond to questions all year long, even after her module has ended. "I want them to use this material and apply it," she says.

Role of Partners

University of Kansas Medical Center's Department of Health Policy and Management

KUMC's Department of Health Policy and Management manages most aspects of program administration. The CHCEF Program Director ensures all elements of the program run smoothly, including: scheduling and logistics; interfacing with prospective, current, and former Fellows; managing the Continuing Education Units process for Fellows who request it (an additional $250 fee is required); developing content for capstone assignments, recruiting guest speakers for the capstone session, and identifying topics for these guest speakers; recruiting and onboarding new instructors, coaching instructors, assisting instructors and Fellows with the learning management platform, overseeing module content to ensure all topics and materials are relevant and up-to-date; managing course evaluations; overseeing marketing and recruitment activities; maintaining relationships with instructors, PCAs, the National Association of Community Health Centers, and others; and handling other issues that may arise.

CHCEF is also supported by a marketing director. Marsha Killian currently serves in that role and has been with the program since it expanded nationwide. Killian has built up strong relationships with PCAs across the country. Recruitment for each new cohort begins as soon as the current cohort begins class. This process includes:

- An email blast quarterly (emails may become more frequent as the start date for the new session approaches) to PCA contacts and program alumni, alerting them to the next round;
- PCAs send these announcements to health centers in their states via newsletters, listservs, and other communication channels; and
- Word-of-mouth referrals by alumni and PCAs, which has proven most successful

Primary Care Associations

PCAs are a major recruitment vehicle for the program. Both CCNK and MPCA offer insights below into the strategies that encourage participation.

CCNK

- **Marketing and promotion support** has included:
  - Promote CHCEF in their weekly update, especially in late summer and early fall as the start date for the new session approaches
  - Introduce CHCEF at large training events like the CCNK Annual Conference or Patient Centered Medical Home Training, disseminate written materials at these events
  - Invite the university program to be an exhibitor at a PCA training session where many health center representatives are in attendance, providing the opportunity to interact directly with health center staff
  - Encourage CCNK staff to enroll in CHCEF as participants
  - Urge CCNK staff to discuss their experiences in CHCEF with new and emerging health centers leaders
- **Partial scholarships** have been provided in the past, which incentivize participation and broaden the possible cohort of applicants who might otherwise not be able to afford the program

MPCA

- **Marketing and promotion** that includes:
  - Include CHCEF promotions in a quarterly CEO report that reaches all Missouri health centers
  - Discuss CHCEF at PCA board meetings
- **Partial scholarships:**
  - MPCA provides two partial scholarships ($2,000) on a first-come, first-serve basis each year
  - All marketing materials include a reminder about the scholarships
  - Scholarships have proven so successful that some health centers email MPCA about the scholarships prior to marketing blasts

CHCEF, CCNK, and MPCA all identify scholarships as important drivers of participation. At $5,100, the program requires significant financial investment that is often shouldered by Fellows. Numerous PCAs have offered partial scholarships through the years, although their ability to do so is often constrained by budgetary considerations, and at least one PCA has waived organizational membership fees for any FQHC whose staff participate in the program. MPCA is one of the few to offer scholarships currently, and though these scholarships are not externally funded but come out of their general operating fund, the organization remains committed to providing them as a way to invest in the state's future. "Part of our job as leaders ourselves is doing everything we can to develop the next generation [of leaders]," says Pierle.

Results of this Partnership

Since its inception, CHCEF has trained 218 Fellows from 24 states. Pierle notes that "we have interest across the board, from your smallest [health center] to your largest," and that rural and urban health centers alike are avid participants. He notes that one health center alone has enrolled 16 staff since 2007, including two who are current participants (see sidebar for greater detail). "I've received nothing but positive feedback. It's been extremely popular in Missouri."

Affinia Healthcare's Experience with CHCEF

Flow chart:

16 participants → 10 retained on management staff, 6 no longer with organization

10 remaining → 6 continue in leadership role, 4 promoted to new leadership role

6 continue in leadership role: 4 continue in director-level roles; 1 continues in associate director role; 1 continues in vice president role

4 promoted: 3 promoted to assistant vice president role; one promoted to vice president/COO role

6 no longer affiliated → 1 recruited to CHC CEO role in different state, 2 transitioned to similar roles in other health services organizations, 3 retired

Denise Cyzman, the current CEO of CCNK, had only been in her position three months when she started CHCEF. Although she had worked with health centers before taking the PCA CEO position, she lacked knowledge of the day-to-day operational reality of FQHCs. In addition to filling this gap, several CHCEF modules offered directly applicable training for her position within a PCA, and she used course assignments to work through tough issues in her work environment. "The Fellowship led me to written resources that could be used on an ongoing basis," says Cyzman. "To this day, I refer back to several of these."

Lessons Learned from this Partnership

Although the program originally targeted executive leadership within FQHCs, CHCEF has proven beneficial for a wide array of staff at various stages in their careers. "The program provides a pathway for middle managers to move up," says Averett. "But we also have a lot of CEOs. Sometimes they're brand new to the role, but others start it after a couple years on the job." CHCEF alumni also include staff at organizations that support FQHCs, including PCAs and even a current staff member at the Health Resources and Services Administration (who participated prior to joining the agency).

CHCEF's modules were built using adult learning principles, thus learning activities are designed to be as active as possible. Averett has extensive experience teaching instructors how to teach, thanks in part to other job responsibilities. This includes her role as Program Director for KUMC's Master's in Health Services Administration program, and new CHCEF instructors can receive informal coaching from Averett, as appropriate and as schedules permit.

CHCEF instructors' ability to create applicable content stems from their industry knowledge and deep experience teaching within the program. Murray points out that instructors who have not worked in a FQHC can use homework assignments to gain insights into the specifics of the health center landscape, which in turn helps tailor next year's case studies or role plays. This type of feedback loop is made possible by annual offerings and low instructor turnover.

Finally, the program's impact goes beyond knowledge gleaned in the classroom. CHCEF's intensive nature creates professional networks of relationships that last long after the modules end. "I think the folks who go through [CHCEF] develop a lifelong network of folks around the country who they can continue to tap, which is really important," says Pierle.

Contributing Factors

1. Faculty Practitioners: CHCEF's instructors all have extensive professional experience in the healthcare industry, most have worked at one or more FQHCs, FQHC Look-Alikes, and/or at an organization that supports FQHCs, and some teach in other health administration programs. Murray, for example, has worked in the healthcare industry for 35 years, including 20 years as a human resources consultant, and also teaches in KUMC's Master's in Health Services Administration program. This in-depth knowledge, combined with over ten years' feedback from students, has produced a curriculum that moves seamlessly between theory and practice. "We wanted context experts," says Averett. "The [Health Policy and Management] Department has a lot of expertise but we didn't want the instructors to just come from the department."
2. Content Relevancy: The curriculum has been so responsive to health center needs that past participants say they still refer to their materials to this day. Instructors take student evaluations seriously and update their materials annually. Modifications are also driven by faculty feedback, such as the recent inclusion of material regarding the social determinants of health.
3. Course Structure: By structuring the program to include five-week modules followed by two-week breaks, CHCEF has created an intensive learning environment with built-in flexibility (i.e., "off weeks"), an acknowledgement of participant's busy lives as working adults. Furthermore, Cyzman points out that "because the Fellowship was spread over 11 months, the pace to learn was helpful, providing time to apply what was learned."

Restricting Factors

1. Participant Recruitment: Recruitment can be a challenge, and most years the program has capacity to serve additional students. The program represents a significant financial investment and cost can deter some from participating. The partial scholarships offered by PCAs is one potential solution. Health centers that do not currently fund staff to attend might consider offering partial or full scholarships, as well.

3. Time Commitment: The corollary to CHCEF's comprehensive curriculum is its high time commitment. On average, Fellows commit a minimum of 5 hours per week; for some, allocating this amount of time over an 11-month span can be daunting. CHCEF ensures all applicants are aware of the time commitment, via advertising materials and its stated expectation of academic rigor and minimum grades.

3. Design Effectiveness: All online training programs, including CHCEF, are still learning how to create optimum learning and engagement environments. CHCEF instructors strive to make the course as interactive and applied as possible. For example, Murray finds that employing humor during lectures increases student engagement. She shares mistakes she has made in her consulting business or ones she's witnessed from clients as cautionary tales. "Some stories are too funny to make up," she says, yet these extreme examples illustrate memorably the principles she's trying to teach, while increasing relatability and attention.

Suggestions for Others Looking to Develop a Training Program

- Partners Alignment: When seeking university partners, try to identify institutions or departments whose orientation aligns with that of the health center movement. Although outsiders might assume health administration programs that primarily train hospital executives, for example, lack a social justice bent, most programs have values similar to KUMC's Department of Health Policy and Management.

- Faculty Relevancy: "My highest recommendation is to find [instructors] who are savvy in what's happening today," says Murray. "Theory is valuable, but health centers change quickly, and students are coming to us for new ideas and new ways to manage, not old ideas. That's hard to teach if you're not out in the field." Ideally, instructors will possess hands-on experience with the types of skills and information students need to know. Potential candidates may supervise staff who are implementing these new programs, but if they lack personal experience with the material, it can create a layer of removal that dampens their impact in the classroom.

- Instructional Delivery: Teaching requires a unique skillset that content experts may not possess. Ideal instructor candidates should be open to feedback, have an interest in teaching, and possess sufficient capacity. Furthermore, identifying new instructors (whether for a new program or to replace an old instructor) can take upwards of six months, especially if candidates have other professional commitments for which schedules must be accounted.

Acknowledgements

The National Association of Community Health Centers wishes to acknowledge the following for their contributions to this case study:

Community Care Network of Kansas
Denise Cyzman, Chief Executive Officer

Missouri Primary Care Association
Joe Pierle, Chief Executive Officer

Affinia Healthcare
Dr. Allen Freeman, President and Chief Executive Officer

University of Kansas Medical Center, Department of Health Policy and Management
Dr. Ellen Averett, Community Health Center Executive Fellowship Program Director
Marsha Killian, Community Health Center Executive Fellowship Marketing Director

SMBF, LLC Healthcare Consulting
Dr. Marilyn Murray, Chief Executive Officer

Jessica Yen
for her role as the Principal Author of this case study.

For more information, contact Gerrard Jolly,
Director, Career Advancement Strategies:
trainings@nachc.org

NATIONAL ASSOCIATION OF Community Health Centers®

7501 Wisconsin Avenue, Suite 1100W
Bethesda, MD 20814
Telephone: 301-347-0400
Fax: 301/347-0459
www.nachc.com

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,375,000.00 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.