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

A Case Study of the West Virginia Primary Care Association and West Virginia University

Increased demand for and rising costs of health center services, stemming from an aging population\(^1\), rising chronic illness\(^2\), and increasing access to health care coverage\(^3\) has encouraged health centers to rethink care delivery. These evolving healthcare 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 academia are one promising approach to addressing these workforce needs. This case study highlights a collaboration between a state primary care association, the West Virginia Primary Care Association (WVPCA), and an academic institution, West Virginia University’s (WVU) Center for Executive Education. Through their joint efforts, new and prospective managers and leaders gain skills and knowledge; they are afforded peer networking opportunities; and are ultimately better prepared to meet their health centers’ current and future leadership challenges.

The Need for this Partnership

By the early 2010s, as Federally Qualified Health Centers (FQHCs) in West Virginia were growing and diversifying in response to national changes in the healthcare landscape, WVPCA heard from many health centers that leadership and management training that allowed health centers to grow their own leadership remained a challenge. Some health centers had strong clinical staff who wished to advance into administrative leadership roles. Other health centers sought to groom internal candidates for managerial roles but identified specific skill gaps in these potential managers. A number of health centers had hired external candidates with experience in other healthcare settings, yet lacked understanding of the nuances of the FQHC operating environment.

In response, WVPCA began contacting colleagues in other states in search of potential solutions. In the course of their research, they learned about West Virginia University’s (WVU) Center for Executive Education (CEE), a unit of the College of Business and Economics that delivers leadership training programs for several healthcare organizations. Sensing potential collaboration opportunities, in the Fall of 2012 WVPCA contacted CEE’s director.

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Within a year, WVPCA and CEE partnered to create and deliver a customized Community Health Center Leadership Education and Development (CHC LEAD) Certificate Program, now a five-month, 11-session training series designed specifically for the workforce of West Virginia’s FQHCs. The program sought to guide participants to become more proactive and effective leaders, provide career growth opportunities, and introduce managers to others in similar positions. The curriculum covered a range of leadership, management, and technical skills, and was delivered through a combination of face-to-face sessions and webinars. Participants completed ongoing assignments that built toward a capstone project.

Program at a Glance:

- **Partners**: West Virginia Primary Care Association, West Virginia University Center for Executive Education
- **Target Audience**: West Virginia’s 30 Federally Qualified Health Centers
- **Participants**: Executive leadership, directors, managers
- **Duration**: Five months
- **Format**: Primarily in-person modules with some webinars; capstone project
- **Cost to participate**: $1,500 per participant
- **Fees covered by**: Sponsoring Federally Qualified Health Center
- **Participant time commitment**: Up to one-and-a-half days/month of class, with travel time; two to five hours/month for pre-reading, homework assignments

How This Partnership Works

LEAD was first offered in 2013-2014 and was delivered again in 2014-2015 and 2016-2017. Each cohort is limited to 15 participants from West Virginia FQHCs, and health centers have the option of sending one or more participants. With each new offering, the curriculum and format are refined based on participant feedback and emerging issues in the healthcare environment, and the program has evolved into a primarily in-person format in order to facilitate peer networking and interactive in-person learning. All face-to-face training sessions are hosted at WVPCA’s offices in Charleston – the state’s most centrally located metropolitan area.

The total cost to run the program is $25,000, a flat fee that CEE charges to cover program administration, curriculum development, instructor fees, and travel. This cost is split between WVPCA and participants; health centers pay $1,500 per participant and WVPCA covers the remainder, in addition to providing the facilities, webinar and audio/visual equipment, printed handouts, and refreshments. In general, health centers have not required staff to make a service commitment in exchange for participating in the program. The 2016-2017 offering covered the following topics:

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Month</th>
<th>Duration</th>
<th>Format</th>
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<tbody>
<tr>
<td>1</td>
<td>Leadership/Transiting to Leadership</td>
<td>1</td>
<td>1.5 days (3 three-hour sessions)</td>
<td>Face-to-face (F2F)</td>
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<tr>
<td>2</td>
<td>Team Building/Leading High Performance Teams</td>
<td>2</td>
<td>1 day (2 three-hour sessions)</td>
<td>F2F</td>
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<tr>
<td>3</td>
<td>Data Analysis and Health Informatics</td>
<td>3</td>
<td>0.5 days</td>
<td>F2F</td>
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<td>4</td>
<td>Powerful Communication Skills</td>
<td>4</td>
<td>0.5 days</td>
<td>Webinar</td>
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<td>5</td>
<td>Motivating and Retaining Employees</td>
<td>5</td>
<td>1 day (2 three-hour sessions)</td>
<td>F2F</td>
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<tr>
<td>6</td>
<td>Leading Organizational Change</td>
<td>6</td>
<td>0.5 days</td>
<td>Webinar</td>
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<td>7</td>
<td>Medical Ethics/Legal Aspects of Health Care</td>
<td>7</td>
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<tr>
<td>8</td>
<td>Health Care Financial Accounting Part 1</td>
<td>8</td>
<td>1 day (2 three-hour sessions)</td>
<td>F2F</td>
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<tr>
<td>9</td>
<td>Health Care Financial Accounting Part 2</td>
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<tr>
<td>10</td>
<td>Managing Conflict and Dealing with Difficult People Part 1</td>
<td>10</td>
<td>1 day (3 three-hour sessions plus 1-hour presentation)</td>
<td>F2F</td>
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<tr>
<td>11</td>
<td>Managing Conflict and Dealing with Difficult People Part 2</td>
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<tr>
<td></td>
<td>Capstone Project Presentations, Certificate Presentation</td>
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Participants also completed a capstone project. The capstone project required participants to identify a leadership challenge within their organization, then complete a series of assignments that applied their newfound knowledge toward addressing this problem. Capstone presentations allowed students to introduce these issues and potential solutions to their cohort, and to hear from others in similar situations. Many capstone projects to date have related to difficult areas of leadership such as team communication. Examples of other topics include provider recruitment and retention and operational realignment. In the latter example, the health center rearranged staff, including front desk, administrative, and billing staff, to better align skillsets and thus improve efficiency.

Role of Partners

**West Virginia Primary Care Association (WVPCA)**

WVPCA’s Director of Health Center Operations serves as the organization’s manager for the LEAD Program. This position oversees candidate recruitment and recommends beginning at least three to six months before the program’s start date. WVPCA uses the following recruitment channels:

- Blurbs in WVPCA’s e-newsletter, beginning six months in advance
- A “coming soon!” announcement sent out to WVPCA’s CEO listserv, COO listserv, and Quality Improvement/Assurance listserv
- Targeted emails to individual health center CEOs, when the PCA identifies a candidate who might be a good fit for the program
- Word-of-mouth referrals from prior participants

Recognizing that turnover is a reality for health centers and healthcare more broadly, WVPCA envisions LEAD as a recurring offering that is delivered as long as health centers request it. Thus, WVPCA also uses the early recruitment period to gauge whether sufficient interest exists to deliver LEAD in the current or future year. WVPCA is open to expanding the training to health center staff from other states, although the organization has not yet pursued this possibility.

The program has been held on an annual or biannual basis. More recently, the large influx of funding to support substance use disorder programs has delayed the next round of LEAD, as would-be participants focus instead on developing and implementing these programs. “It’s important to align [LEAD] with health center priorities so that it doesn’t become a competing priority,” says Sherri Ferrell, WVPCA’s Chief Executive Officer.

Other key staff include the Education and Communications Coordinator, who relays logistical information (time, location, program requirements) to participants; obtains handouts, presentations, and other training materials from instructors; and coordinates with WVU to ensure enrolled participants will receive pre-reading assignments and other communications.

**West Virginia University (WVU)**

WVU’s Director of Executive Education serves as WVU’s manager for the LEAD Program. As part of the partnership, WVU oversees all elements of training development and delivery, and uses a five step systematic collaborative training development process:

1. **Analysis of Needs.** Some organizations are unable to articulate their needs and goals, but WVPCA’s Governance Committee had already listed out a set of key competencies on which health centers offered feedback, and then matched this list against training topics WVU had offered in other customized training programs.

2. **Design.** Together, WVU and WVPCA identified training topics, determined the ratio of in-person to online learning, and designed a capstone project to enable participants to apply classroom principles and thus improve learning.

3. **Development.** WVU identified instructors and oversaw curriculum development. In one instance, WVPCA suggested an instructor to teach the data module; coincidentally, this instructor was already on faculty at WVU’s School of Public Health. WVU also taps local industry leaders to teach individual modules.

4. **Implement.** WVU oversees curriculum delivery, including: schedule sessions and instructors; coordinate travel reimbursements; instructor payments, and other logistics; staff each training session with at least one WVU representative (usually the center’s director); communicate with WVPCA contacts and students as needed.

5. **Evaluation and Follow-Up.** WVU collects participant feedback after each offering and uses it to refine the curriculum format and topics for the next round.
When WVPCA envisioned the next LEAD offering, tentatively planned for Fall 2019, they decided to update the curriculum to reflect changes in the FQHC landscape, including the growing relevancy of value-based payment models and health centers’ increasingly sophisticated data needs. Multiple WVPCA staff members convened an hour-long planning call with WVU staff, and together they discussed each module. WVU was very open to all changes, and even suggested WVPCA reach out to individual instructors for modules that required extensive modification. The revised curriculum will feature:

- New sessions on “Bridging the generational gap” and “Fostering a positive patient relationship in your organization” (replacing “Powerful communication skills” and “Motivating and retaining employees”)
- Financial accounting modules further refined:
  1) Converted two-part session into one optional foundational session and one mandatory applied financial accounting session, because participants were either highly familiar with financial management (e.g., Chief Financial Officer) or possessed limited understanding;
  2) The mandatory applied financial accounting session will include greater information on value-based payment systems
- Data analysis module expanded and refined

### Questions to Ask Your University Partner

- Is it possible for this program to lead to a certificate? Are credits transferrable to other programs? If so, what curriculum requirements exist?
- Can we work with instructors to tailor case studies or role plays that reflect the FQHC landscape? Examples:
  - Identify accounting ratios or financial metrics FQHCs need to know;
  - What data is critical for informed decision making, how to compile it, how to understand it in the FQHC leadership context
- How might we create interactive or reflective learning opportunities?
- Can we design this as a recurring program? If so, how will we handle adding new modules or updating existing ones?

### Questions to Ask Your Organization

- Do we want a recurring or one-off program?
- How might we get up-front feedback on curriculum topics from participants? Is there a standing meeting or board meeting we can use?
- Do we know any subject matter experts who could serve as instructors?
- Do we want any modules to qualify for Continuing Education Units?

### Results of this Partnership

LEAD has been offered four times and trained 49 participants since 2013. Participants have come from a wide range of roles, including: site managers; director-level staff in Business Operations, Clinical Services, Quality Management, Human Resources, among others; and executive leadership (Chief Executive Officer, Chief Operating Officer, Chief Nursing Officer, etc.). Participants have attended LEAD from all over the state; LEAD consists of five in-person meetings spread over five months, and their willingness to engage in this substantial time commitment demonstrates the value participants have gained from face-to-face interactions.

WVPCA notes that the module on managing conflict has remained one of the most popular sessions. The topic resonates with new and experienced supervisors alike. “It’s helped a lot of folks deal with difficult staff or situations in an effective manner,” says Shannon Parker, WVPCA’s Director of Health Center Operations. “[Before LEAD], they may not have had the skills to do so.”

### Lessons Learned from this Partnership

Ferrell, WVPCA’s CEO, believes LEAD has allowed WVPCA to build even stronger relationships with health centers statewide. “It’s putting resources into building the sustainability of health centers, and I think it has been a good use of resources. It allows health centers to build from within.” Ideal candidates for LEAD are invested in their health centers, demonstrate interest in growing their administrative skills, and have the capacity to complete the in-class and out-of-class requirements. “It’s a good grooming tool,” says Ferrell, but leaders should be mindful that “[selecting participants is] not just about skills, it’s capacity and interest as well.”
As LEAD has moved through multiple refinements, WVU has discovered that topics that are more technical in nature, like foundations of financial management, are more suited to online delivery than leadership topics. Thus, modules that teach soft skills are now taught in-person, where interactive exercises can be more fully integrated into the curriculum. WVU sought extensive feedback from the first round of participants in particular, and used these comments to update and refine future iterations of the program.

Finally, Ferrell points out that both WVPCA and health centers contribute to the cost of delivering the program, thus health center feedback is important for driving curriculum design. “It’s a partnership [with health centers],” Ferrell says. “We need to make sure we’re hitting the target on where we use those resources.” WVPCA initially solicited high-level feedback from both a small, ad hoc advisory group, and their entire board (comprised of most West Virginia health centers), and further refinements have come from WVPCA staff or LEAD participant feedback.

**Contributing Factors**

1. **Tailored:** WVPCA acknowledges that LEAD is a highly targeted program—specialized not just to healthcare, or to primary care, or to safety net primary care clinics, but very specifically to FQHCs, many of whom are located in rural areas. They cite WVU’s flexibility and willingness to collaborate as factors contributing to the success of the program. In addition, WVU had already created two certificate programs for healthcare organizations, providing a strong foundation for this level of customization.

2. **Academic Rigor:** As the largest university in the state, WVU has a large pool of faculty from which to identify possible instructors. Prior experience developing certificate programs for healthcare organizations further expanded their network to include industry leaders who could teach individual modules.

3. **Affordability:** The per-participant program fee is relatively affordable, which increases LEAD’s sustainability. The program is not dependent on grant funding, and health centers share the cost with WVPCA. On WVU’s end, many of the customized training programs it offers are one-time offerings, and they welcome the opportunity to offer LEAD on multiple occasions.

**Restricting Factors**

1. **Class Size:** Both WVU and WVPCA agree LEAD operates best with 15 participants; too few participants and the program becomes financially infeasible, opportunities for peer networking decrease, and classroom dynamics shift. Yet health centers often face competing demands that diminish their ability to participate in LEAD, such as the recent influx of substance use disorder funding. Establishing a minimum number of participants, and polling health centers when numbers look low, are two strategies to determine if insufficient demand exists in a given year. A strong relationship also helps the partnership weather unexpected hiccups.

2. **Participant Expectations:** Providing ongoing leadership trainings can be challenging when the potential participant pool is too small. In addition to offering the program biannually, WVU suggests small networks might consider partnering with other networks to increase the number of staff who may be eligible. Furthermore, although university partners who offer customized training programs may welcome the chance to offer a training program multiple times, it can be helpful to clarify the amount of advanced notice both parties need to reschedule or cancel an offering.

3. **Logistics:** Program participants juggle multiple responsibilities and can find it difficult to complete all assignments; Parker recommends setting expectations with both staff and health centers from the very outset, to combat this challenge.
Suggestions for Others Looking to Partner with a University

- Executive Education Experience: Many universities have a Center for Executive Education. An ideal partner will have prior experience offering customized training programs in health care. Even if a potential partner has not yet done so, they may still have trained a large number of healthcare administrators, or their host university may have a department with expertise in public health or health administration.

- Locality: A local university will better understand your context. For programs with a large in-person component, finding a local partner also decreases travel costs for trainers.

- Strategic Planning: Depending on the university, time from partnership initiation to training implementation can take anywhere from six to eighteen months. Identifying your need, goals, and even desired skills or topics can accelerate the initial planning process. It may be important to also consider the academic calendar, desired month(s) for training, and instructor availability.
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