

VBP/VBC Domain – Leadership

DESCRIPTION

Change is hard in any organization, but particularly in health care organizations that are constantly transforming their care model and transitioning payment from volume to value. Making changes requires leadership support to clarify the benefits of the change, overcome resistance to change, provide energy needed for implementation, and to secure commitment from staff throughout the organization that are responsible for implementing the change. The Leadership domain addresses the health center's understanding, buy-in, and commitment of both HC staff and board leadership to supporting the advancement of VBP/VBC goals.

"A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go, but ought to be", Rosalynn Carter, former first lady of the United States. This quote underscores the task of many FQHC leaders that are trying to transform care and payment and, by doing so, realize the vision of the health center to provide high quality, patient-centered, and equitable care to the patients and communities it serves.

Capabilities in the Leadership domain include:

- Supporting health center staff to transform care and align payment to support care transformation efforts.
- The health center board understands payment reform and practice transformation goals in the context of how they can impact the health center's mission and services that are offered.
- Administrative and clinical leadership demonstrate commitment to VBP/VBC.
- The health center can communicate and manage change to sustain current and future transformation efforts.

RATING YOUR HC LOW, MEDIUM, OR HIGH FOR THIS DOMAIN

Attributes of HCs that are rated low, medium, or high for capabilities in this domain.

1. The Health Center Board is knowledgeable about payment reform efforts and their implications on the Health Center's mission and services (from NACHC's Payment Reform Readiness Assessment Tool).
 - a. Low – The board regularly receives information/training regarding local and state transformation programs, including how service delivery and payment reforms relate to current models (including the Health Center's Medicare and Medicaid PPS payments).
 - b. Medium – Payment reform and service delivery transformation are substantive components of board strategic planning processes and discussions. The board can describe the relationship between payment reform and practice transformation efforts.
 - c. High – The board has prioritized preferred service delivery and payment models. The board can describe the organizational implications for engaging in them, including assessing desirability of risk-based arrangements.
2. Administrative and clinical leadership demonstrate a commitment to the payment reform model being pursued (from Delta Center MAHP 2.0 Assessment).
 - a. Low - Clinical and administrative leaders regularly communicate and demonstrate their support for payment reform (and related practice transformation) initiatives.
 - b. Medium - Leadership supports dedication of staff time, training and organizational resources to payment reform initiatives. Leadership regularly communicates Health Center objectives and progress on payment reform initiatives with staff.
 - c. High - Payment reform capacity is institutionalized through job expectations and evaluations, and is systematically included in board and staff strategic and operational planning.
3. Leadership and staff share an organizational vision and plan to transform in alignment with mission and financial sustainability (from NACHC's Payment Reform Readiness Assessment Tool).

- a. Low – The Health Center has analyzed the degree to which current services meet identified service area needs. Leadership staff have discussed transformation opportunities, implications for the health center, and the relationship between transformation and mission.
 - b. Medium – The organization has a comprehensive strategic plan, including a shared vision with specific aims and written principles/priorities for engagement in transformation efforts. The Health Center has established criteria for involvement in payment reform that include ability to impact the Health Center mission and focus, including willingness and ability to generate new/additional resources (such as services and revenue). These criteria/principles/priorities are regularly shared and understood throughout all levels of the organization.
 - c. High – The Health Center vision reflects its role within the context of the delivery and payment system as a whole, recognizing interdependency and collaboration throughout the system.
4. The organization appropriately and adaptively communicates and manages change to sustain current and future transformation efforts (from NACHC’s Payment Reform Readiness Assessment Tool).
- a. Low – The Health Center relies on key leaders and staff to decide on and support transformation efforts based on their individual expertise and knowledge. Change and/or clinical practice transformation happen organically, led by department heads.
 - b. Medium – The Health Center includes staff from multiple levels and disciplines when shaping a change initiative. The organization dedicates resources needed to build staff capacity for change management through training, coaching, and mentorship. Appropriate organizational resources (staff, technology, etc.) are dedicated to supporting the change process. Leaders have developed strategies to address past negative experiences with change.
 - c. High – Staff can articulate the overarching vision for transformation and how a particular change initiative fits within the vision. Reflection and continuous learning are institutionalized within the organization. Change management processes are embedded in the organizational culture including job descriptions, performance review, and organizational benchmarks/score cards.

If you are interested in your HC taking a more comprehensive VBP assessment, below are some options:

- Delta Center’s MAHP 2.0 Assessment Tool <https://deltacenter.jsi.com/resources/road-ahead-model-advancing-high-performance-primary-care-and-behavioral-health-under>
- NACHC Payment Reform Readiness Assessment Tool <https://www.nachc.org/resource/payment-reform-readiness-assessment-tool/>

RESOURCES FOR CHCs TO IMPROVE THIS CAPABILITY

LPCA, HCCN and/or LPCACO programs/support:

- LPCA’s leadership training programs.
- LPCA assist with developing health center strategic plan

Other partners that can help CHCs improve this capability:

- Hostetler Group, board and staff education and training for VBP/VBC
- NACHC leadership courses
- Integrated Work, leadership and JEDI trainings
- Harvard CMO leadership courses
- UCLA leadership training courses

Links to resources for this capability:

- LPCA board training programs <https://lpca.net/programs-services/board-governance/>

- NACHC's leadership and career advancement training programs for HC staff <https://www.nachc.org/trainings-and-conferences/leadership-development/>
- NACHC's Board development trainings for health center boards <https://www.nachc.org/training-events/training-for-health-center-professionals/health-center-governance/>
- Transformational Leadership article: <https://edis.ifas.ufl.edu/publication/HR020>
- Role of Adaptive Leadership in Learning Organizations <https://ncbi.nlm.nih.gov/pmc/articles/PMC10132955/>
- Managing Change in Healthcare, National Institutes of Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3294155/>
- Change and Innovation in Healthcare, National Institutes of Health <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8141398/>
- Impact of Transformational Leadership on Service Quality <https://ncbi.nlm.nih.gov/pmc/articles/PMC6553023/>
- Harvard Medical Director Leadership Institute for Primary Care <https://info.primarycare.hms.harvard.edu/medical-director-leadership-institute>
- UCLA Health Care Executive Program <https://www.anderson.ucla.edu/about/centers/price-center-for-entrepreneurship-and-innovation/for-professionals/health-care-executive-program>
- Vulnerable Leadership <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330330/>
- Resilience: An Essential Skill for FQHC Leaders <https://nwrpca.site-ym.com/news/469980/Resilience-An-Essential-Skill-for-FQHC-Leaders-.htm>
- Justice, Equity, Diversity, and Inclusion resources, Integrated Work <https://integratedwork.com/thought-leadership/resource-library/>
- Integrated Work Resource Library
 - o How Great Leaders Inspire Action https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action/c?referrer=playlist-how_leaders_inspire
 - o What it Takes to Be a Great Leader https://www.ted.com/talks/roselinde_torres_what_it_takes_to_be_a_great_leader?referrer=playlist-how_leaders_inspire
 - o Lead Like the Great Conductors https://www.ted.com/talks/itay_talgam_lead_like_the_great_conductors?referrer=playlist-how_leaders_inspire
- Inspiring Leadership Quotes <https://www.businessnewsdaily.com/7481-leadership-quotes.html>
- HCP-LAN Framework for VBP models: <https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf>
- HCP-LAN paper on pivoting VBP models to improve health equity: <http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs.pdf>
- Commonwealth Fund publication of FQHCs and VBP: <https://www.commonwealthfund.org/publications/2022/jan/perils-and-payoffs-alternate-payment-models-community-health-centers>