

Dear Colleague:

We are pleased to share with you the results of an independent evaluation of our work with the Managing Ambulatory Health Care (MAHC) training program. The MAHC program was developed by Dr. Paul Campbell and Dr. Robert Hoch of the Harvard School of Public Health. As you probably remember, in a four-day interactive format, the program provides an intensive “Management 101” for medical directors of community clinics and health centers.

As the evaluation by BTW *informing change* indicates, MAHC participants not only found the experience to be very valuable, they also have continued to connect with one another in an ongoing professional network. We have helped to underwrite those networking activities and recently linked our alumni to another existing network of alums from the California HealthCare Foundation’s Health Care Leadership Program.

Even though MAHC was designed specifically to meet the needs of physician managers in community clinics, we feel many of the lessons we have learned have applicability for other grantmaking programs that are trying to build or strengthen fields of practice. Funders often ask “what makes a ‘one shot’ leadership development experience truly meaningful?” Moreover, we are all concerned with how we can best sustain the benefits of these trainings over time.

As we have reflected on the evaluation findings, it has caused us to ask what other strategies might enhance the value of similar trainings intended for field building. Ongoing support for face-to-face alumni gatherings is certainly one component, and providing a dedicated space on our online Community Clinic Voice platform to facilitate daily conversations among the participants once they return home is another. Connecting them to a broader network through the Community Clinics Initiative has also yielded positive results.

As you read this brief report, we encourage you to join us in thinking about other mechanisms that might be employed to further build on MAHC’s success. Would it help to offer mini-grants to support ideas that participants develop at the training? Should we design an RFP targeted just at MAHC alumni to encourage them to pursue collaborative projects? Could a formal ongoing research network be formed that would engage the alumni in substantive cross-institutional inquiry that may ultimately improve population health?

We’ve funded the MAHC program for several years now, and it will be continued by the California Primary Care Association. Too often in philanthropy, we tend to “declare victory” when we have a success like this and move on to the next new thing. But if we’re really serious about the larger challenge of field building, perhaps it’s just as important that we seek to sustain and grow the benefits of these initial investments.

We welcome your thoughts.

Jane E. Stafford
Director



Evaluation Findings for the Managing Ambulatory Health Care Training Program

Introduction

This document presents the key evaluation findings for the Managing Ambulatory Health Care (MAHC) training program offered by the Harvard School of Public Health and supported by the Community Clinics Initiative (CCI). First, we provide some background information about the MAHC training and alumni activities and the evaluation methods, and in subsequent sections, we highlight the key evaluation findings.

BACKGROUND INFORMATION

Founded and led by Harvard faculty Dr. Paul Campbell and Dr. Robert Hoch, MAHC is an intensive, four-day training program that focuses on the managerial and leadership responsibilities of community clinic medical directors. As illustrated in Exhibit 1 below, leadership and management are interrelated and complementary concepts. The MAHC training addresses this intersection of leadership and management with training topics including financial management, the role of the medical director, clinic operations, managing people, political issues and community leadership. From 2003 to 2007, CCI supported the program participation of approximately 160 medical directors representing most community clinics in California.



CCI first held MAHC alumni sessions in 2004 to provide a venue for participants to reconnect with one another and continue to build a network of medical leaders across California. CCI facilitates annual alumni sessions to provide an opportunity for medical directors to come together, learn and discuss topics such as quality improvement, public policy and advocacy, provider retention and financial planning.

¹ The information in this exhibit has been adapted from the following source: *Workgroup Climate Assessment: Guide for Facilitators*. (2005). Cambridge: Management Sciences for Health.

EVALUATION METHODS

BTW designed a brief survey to help CCI and its partners (e.g., Harvard faculty, the California Primary Care Association) understand the value and impacts of the MAHC training and alumni activities. BTW launched the survey through an online program in February 2008 and it remained in the field for approximately eight weeks. BTW invited 132 medical directors who participated in the MAHC training between 2003 and 2007 to respond; 50 individuals completed the survey for an overall response rate of 38%.

In addition, BTW conducted nine interviews with medical directors between February and April 2008 as part of a larger evaluation of CCI's leadership cultivation efforts. These interviews concentrated on medical directors' leadership experiences more broadly, not only those related to MAHC. This document focuses on the quantitative and qualitative findings obtained directly from MAHC survey respondents as well as reflections from interviewees' about their MAHC training and/or alumni activities. It is important to note a couple of key limitations with these evaluation data. First, the data are self-reported by a subset of MAHC participants and do not represent all MAHC participants or community clinic medical directors. In addition, participants took part in the MAHC training between 2003 and 2007 and have participated in alumni events to varying degrees; therefore, the range in the timing and "dose" of MAHC supports may have influenced participants' ability to recall certain events and/or experience impacts.

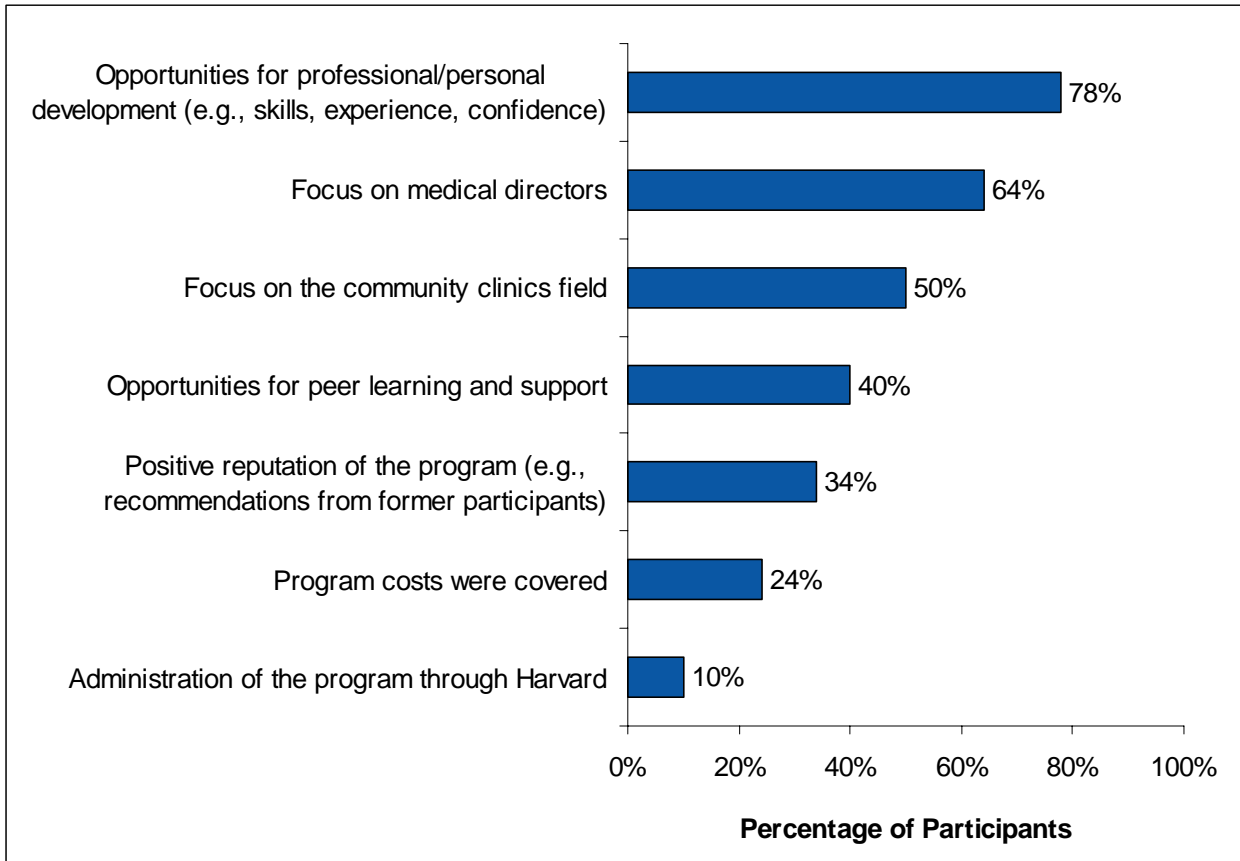
Key Evaluation Findings

In the following section, we describe key evaluation findings regarding participants' motivation for taking part in the training; impacts of the training and alumni activities; CCI's impact on leadership in the community clinics field; and suggestions for improving alumni activities.

PARTICIPANTS' MOTIVATION FOR TAKING PART IN THE MAHC TRAINING

The MAHC training is designed for medical directors who have taken on managerial responsibilities throughout the course of their job, but have typically not received formal training in this area. Exhibit 2 on the next page shows that more than three-quarters (78%) of the participants report taking part in the training to improve their professional and personal development. Almost two-thirds (64%) of the participants say they were motivated by the specific focus of the training on their unique position as medical director; half (50%) were motivated by the focus on the community clinics field. One participant notes that "CCI's backing made the program accessible to medical directors; it was clear that [the program] was aimed at us [community clinic medical directors], and was not a pre-packaged business school curriculum." Participants also report being motivated to take part in MAHC due to the opportunities to network with their peers and exchange learnings (40%), the reputation of the program (34%), the fact that program costs were covered by CCI (24%) and the administration of the program through Harvard (10%).

Exhibit 2
Participants' Motivation for Taking Part in the MAHC Training²
(n=50)



IMPACTS OF THE MAHC TRAINING & ALUMNI ACTIVITIES ON PARTICIPANTS

The section below describes the variety of impacts that the MAHC training and alumni activities have had on participants.

Improved Skills

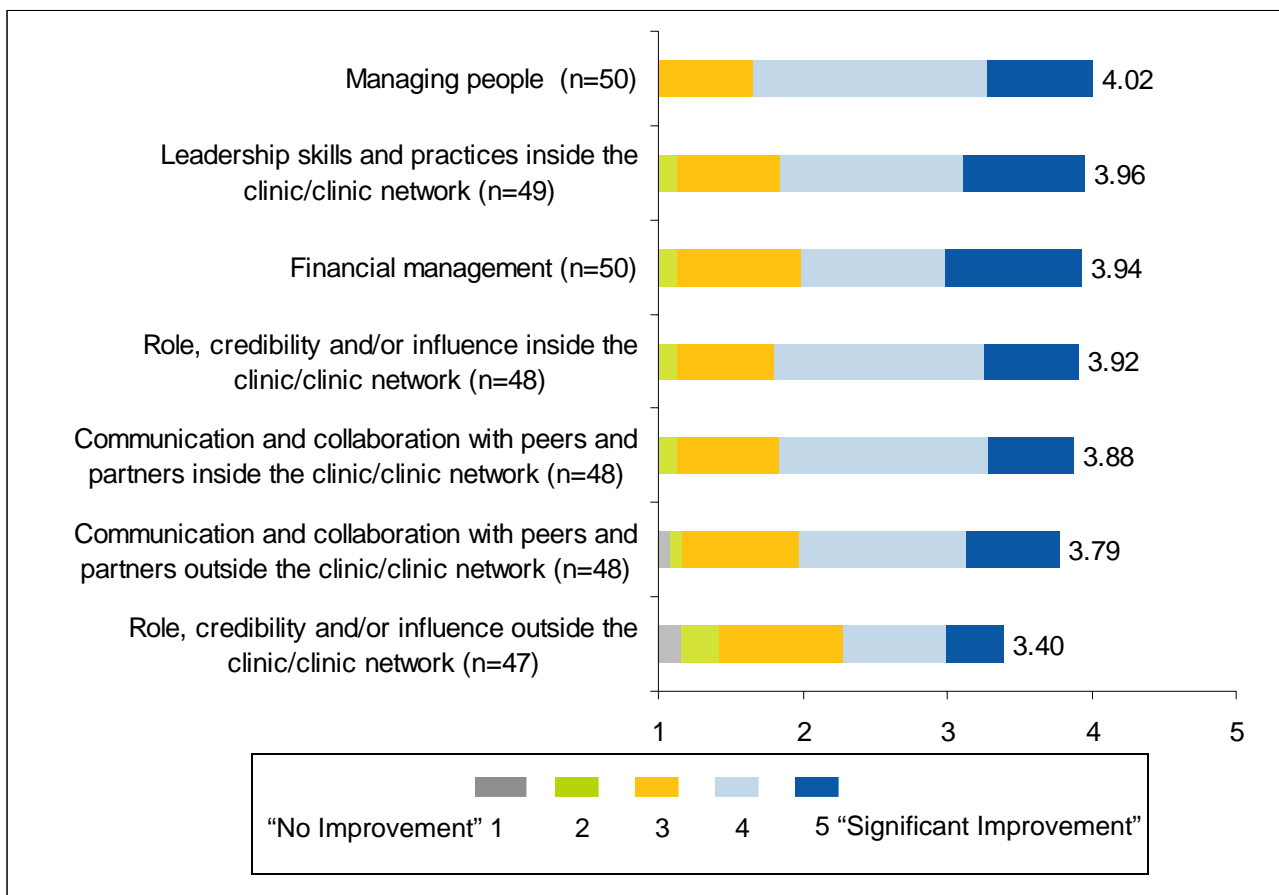
MAHC participants report that they have a better understanding of managerial issues and have brought knowledge and skills back to their clinics related to finances, provider recruitment and retention, personnel management, conflict resolution and other topics. Some participants report that they are able to work with other management staff more effectively as a result of the training and/or alumni activities. One participant reflects, “I used to attend [management team] meetings and have a blank stare regarding financial reports, but now I am more engaged. [Now] I even do the budgets of our health fairs [in order] to help our Chief Operating Officer and Chief Financial Officer plan for the year.” Participants place particular emphasis on the impact of the financial analysis training they

² Percentages do not total 100% due to the option of marking multiple responses. Each respondent was able to select up to three motivating factors for participating in MAHC.

received through MAHC; they report how their new understanding of budgets and cost-benefit analysis has enabled them to better communicate and work with their peers on the management team. The practical MAHC training is essentially a “Management 101” course that is particularly helpful for new medical directors. One participant thinks that the training would be particularly worthwhile for medical directors with less than five years experience. He says, “I would recommend it to new medical directors; rather, I would almost make it mandatory.”

When asked to rate the impact of the MAHC training and/or alumni activities on a scale from 1 to 5, with 1 indicating “no improvement” and 5 indicating “significant improvement,” participants report the greatest improvement in their ability to manage people (mean score: 4.02). As shown in Exhibit 3, participants also highly rate their improvement in other skills within the clinic, including their leadership skills and practices (3.96), financial management (3.94), role and influence (3.92) and communication and collaboration (3.88). Participants report a slightly lesser degree of improvement in their leadership outside the clinic, including their communication and collaboration with peers (3.79) and their role and influence (3.40).

Exhibit 3
Participants’ Mean Ratings of Improvement in Knowledge, Skills and Practices
as a Result of the MAHC Training and/or Alumni Activities



Improved Understanding of & Confidence in the Medical Director Role

Participants frequently report that they feel pushed and pulled between their two roles of leading the clinical staff and being part of management teams. However, several participants report that the MAHC training and alumni activities have helped increase their understanding of their roles as liaisons between the clinical and administrative worlds. A participant explains, “One thing I figured out with the help of CCI’s trainings was that the medical director is a liaison and facilitator between the administrators and physicians.... When I was with the clinicians I [became] an advocate for administrators and vice versa.” With a better understanding of their multifaceted role, participants are able to approach their medical director responsibilities with renewed confidence and assertion. For example, one participant remembers, “At a MAHC session, someone said that she never attended board meetings because she was never invited to attend. We all told her that she should be included. She came back a year later and said she had demanded to [participate in board meetings].”

Increased Peer Learning & Support

The MAHC training and alumni activities provide medical directors with an opportunity to share their experiences and learn from their colleagues who are in similar positions. Talking with peers who experience the same issues and challenges makes participants feel less isolated and more validated in their roles and responsibilities. Participants note that the training and alumni activities are both great venues to exchange ideas and learnings with other community clinic peers so that they can benefit from each other’s experiences and not “re-invent the wheel.” Participants report that they share everything from administrative policies and procedures to advice on implementing health care programs or developing grant applications. One participant says, “[The alumni activities] are very valuable in giving me the opportunity to reconnect with other clinicians serving the same patient population and share ideas about projects and best practices.”

Greater Connection to & Involvement in the Field

Participants note that one of the major benefits of the MAHC training and alumni activities is that they offer time away from busy clinic schedules to think critically and creatively about issues and challenges facing medical directors and their clinics. Some participants note that the exposure to broader health care issues and emerging trends in the community clinics field helps stimulate their thinking and reenergize their work. Furthermore, by emphasizing the different roles that medical directors can play in advocacy, policy and other non-traditional activities for clinicians, MAHC encourages participants to step beyond their clinic responsibilities and engage in the broader field. One participant notes, “I found [the training and alumni activities] to be extremely valuable, and they have encouraged me to pursue other projects outside of my own clinic, which I have not done for a long time.”

CCI'S IMPACT ON LEADERSHIP IN THE COMMUNITY CLINICS FIELD

When asked to describe the most significant ways that CCI has helped to cultivate and strengthen leadership in the community clinics field, many participants note that the emphasis on and investment in medical directors are among the Initiative's great achievements.³ Several participants report that CCI has helped develop and strengthen medical director leadership in the field by “validating the importance of clinician leaders” and training a cadre of medical directors with a common foundation of managerial and leadership skills. Participants also note that medical directors have begun to emerge more strongly as local and regional leaders in the broader health care field. One participant believes that, “Those who participate in these [MAHC activities] have ‘raised the bar’ for the expectations of performance for all community clinics in the state.”

Furthermore, many participants acknowledge that CCI's venues for exchanging ideas and sharing common experiences—including the MAHC trainings, alumni activities and the online Community Clinic Voice platform—have helped develop and strengthen a network of medical directors throughout California. A participant comments, “[Having CCI] provide a venue to link medical directors from different regions to share information and opinions has strengthened us both individually and as a group.” The network grows stronger as medical directors continue to meet together through MAHC alumni activities and other networks including regional clinic consortia and the California Primary Care Association. Ultimately, MAHC participants and CCI see a stronger network of medical directors translating into a stronger community clinics field.

PARTICIPANTS' SUGGESTIONS FOR IMPROVING MAHC ALUMNI ACTIVITIES

The following section highlights participants' recommendations for improving the MAHC alumni activities.

Improve Alumni Session Logistics

Given the pressures of time and competing priorities at clinics, some MAHC participants note that they would like alumni activities to take place closer to their clinics, or via teleconference or Web seminars. A few participants express concern about holding alumni activities over a full weekend since this equates to time away from their families. Several participants note that they would like more advance notice to prepare for and think critically about the topics to be covered in the sessions. Participant suggestions regarding the length of the sessions vary—some desire less of a time commitment and shorter sessions, while others want longer, intensive trainings with more social time set aside to network with peers.

Diversify Training Topics

Some participants suggest that the alumni activities focus on new topics or current trends in the community clinic or health care fields, while others would appreciate a review and update of

³ It was not always clear from the survey comments the extent to which respondents were knowledgeable about the broader Community Clinics Initiative, including CCI programs, supports or leadership cultivation efforts beyond the MAHC training and alumni activities.

topics previously covered in the training and/or alumni sessions. Many say that it would be best to rotate both new and review topics at each alumni session. Participants express interest in the following topics for future alumni sessions:

- Advocacy/policy
- Clinic and community assessment
- Clinical process and performance improvements
- Cost containment
- Effective communication strategies
- Health information technology
- Improving operational efficiency
- Measuring provider productivity
- New models for clinical care
- Patient cycle time
- Strategic planning
- Stress management

Provide Ongoing Education Opportunities & Resources

Although the MAHC alumni activities provide time for medical directors to get together and network annually, some participants say that they would like to continue their learning throughout the year. Participants offer several suggestions for additional learning opportunities such as convening regional medical director groups throughout the state, providing remote access to trainings or alumni sessions, and assigning hands-on and other take-home activities with an opportunity to report out at the annual MAHC alumni session. One participant suggests that the online Community Clinic Voice platform be used to send out medical director-specific monthly bulletins or “news blasts” to update alumni on current trends in the field and direct them towards peer discussion forums. Others request access to the Harvard School of Public Health and Harvard Business Review publications as well as recommendations for other relevant publications and resources in the field.

Offer the Training and/or Alumni Activities to Additional Participants

Because the medical director role is known to have a particularly high turnover rate in community clinics throughout the state, some participants mention that it would be helpful for more associate and/or assistant medical directors to participate in the MAHC training and/or alumni activities. Training a greater number of next generation medical directors will help ensure that clinics are not “left in the lurch” when existing MAHC-trained medical directors resign or retire. One participant notes, “I would like to see continued integration of [MAHC] trainings with executive directors and assistant (or future) medical directors, so that a basis for [leadership] succession in the upper levels of clinical leadership is maintained.” In addition, a few participants comment that they like the idea of merging with the alumni network from the California HealthCare Foundation’s Health Care Leadership Program to share best practices; as one participant notes, “The more the merrier.”

Conclusion

Overall, participants report high levels of satisfaction with the MAHC training and alumni activities and experience a number of positive impacts from their participation. The MAHC alumni activities have added value to the training and have helped strengthen the network of medical directors across the community clinics field in California. As the alumni sessions continue, there are opportunities to refine these efforts to increase their effectiveness and longer-term impact. These opportunities include making the highly regarded sessions more accessible to time constrained and geographically distant clinicians, maintaining and expanding the medical director network and training the physician leaders of the future. CCI has taken recent steps to expand the alumni network by integrating their annual alumni session with the California HealthCare Foundation's Health Care Leadership Program, thereby adding new and different voices to the mix. To date, CCI's leadership cultivation efforts with medical directors have demonstrated considerable success; as the California Primary Care Association takes on the facilitation of the MAHC trainings, they have the opportunity to build upon this solid foundation and train the next generation of medical directors.

This evaluation document was written by Kim Ammann Howard, Kris Helé and Regina Sheridan from BTW *informing change* and Claire Reinelt from the Leadership Learning Community. The MAHC evaluation is part of a larger evaluation that BTW *informing change* is conducting of CCI's leadership cultivation efforts and other grantmaking programs. To obtain the leadership evaluation report, *Cultivating Leadership Through Social Change Initiatives: Broadening Our View and Support of Nonprofit Leaders*, please visit the Community Clinics Initiative Web site: www.communityclinics.org. For more information about the leadership evaluation documents or other aspects of the CCI evaluation, please contact Kim Ammann Howard at kahoward@btw.informingchange.com. For more information about CCI, please contact Jane Stafford at jstafford@tides.org or (415) 561-6356.