Indian health service
2015 National Behavioral Health Conference

Behavioral Health Integration with Primary Care

Cherokee Health System: Leadership Development for Integration Practice Management

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Cherokee Health System: Leadership Development for Integration Practice Management

One Organization's Journey to Integrated Care

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Learning Objectives

- Recognize key differences between process and project management
- Define several key factors of leadership in an integrated care transformation process
- Identify the clear alignment of mission, values and culture in successful integrated care implementation

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Outline

- Leadership - a general discussion
- Cherokee's journey to integrated care
  I. Vision
  II. Mission
  III. Values
  IV. Priorities
  V. People
  VI. Culture

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Leadership

What is leadership?
What do leaders really do all day?
How do they do what they do?

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Leadership is not about titles, positions, or flow charts. It is about one life influencing another.

John C. Maxwell

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Management is doing things right; leadership is doing the right things.

Peter F. Drucker

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Business Schools or Leader Schools?

- Harvard: “To educate leaders who make a difference in the world.”
- Duke: “…the end product (our graduates) being leaders of consequence.”
- Hopkins: “…educating business leaders who will grow economies and enhance their communities.”
- Michigan: “…to develop leaders who make a positive difference in the world.”
- Stanford: “…to develop innovative, principled, and insightful leaders who change the world.”

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So how does this apply to integrated care leadership?

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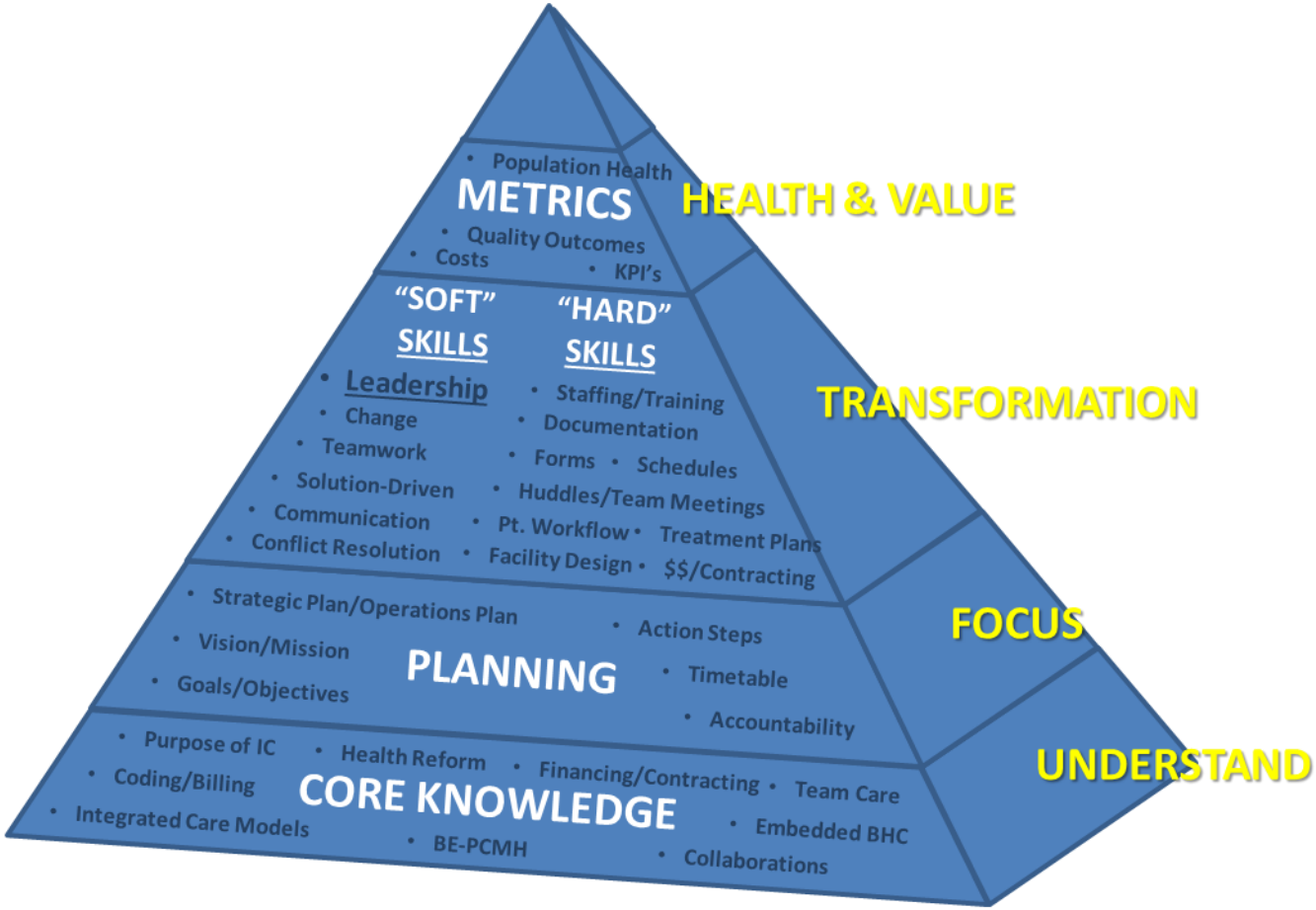

PYRAMID OF INTEGRATED CARE

One organization’s journey…

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How Do You Go From This…

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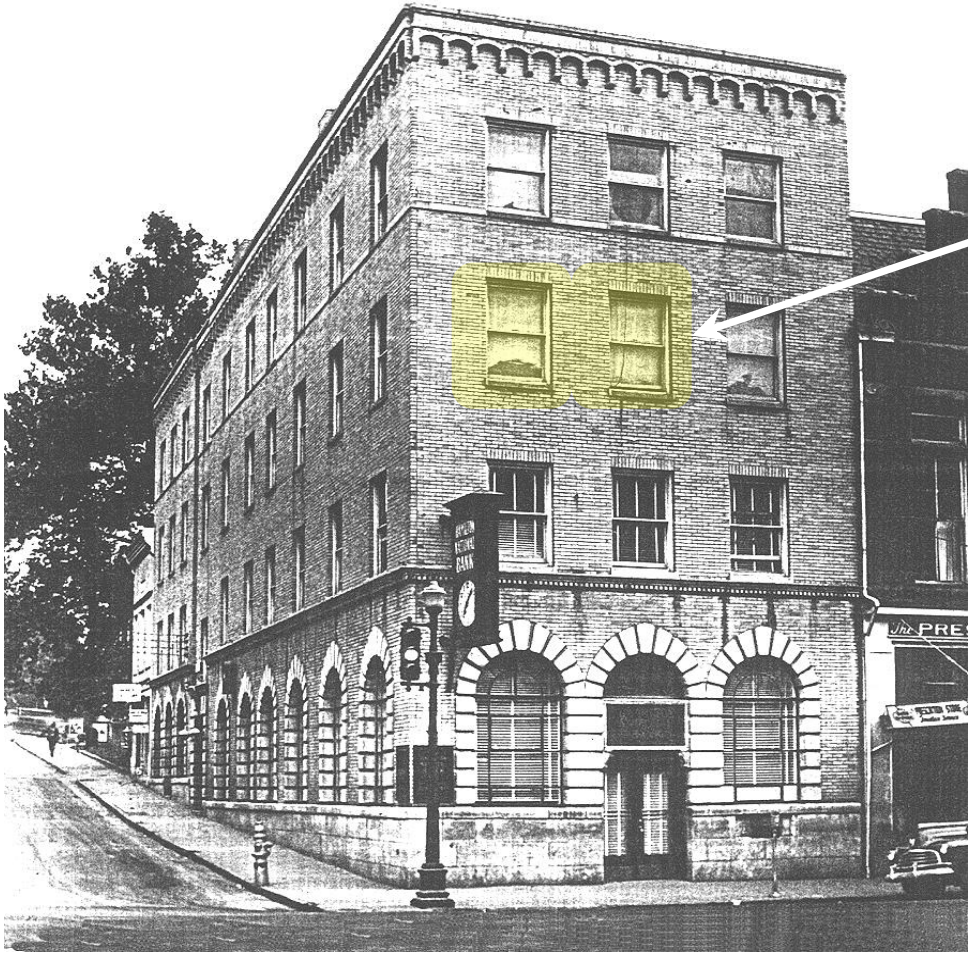

Original CHS Office

- One (1) part-time social worker
- 120 square feet
- 9 patients in the first month

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To This…?

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- 625 employees
- 57 clinical locations
- 313,000+ square feet
- 64,300 patients
- 488,200 services per year

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Number of Employees: 625

Provider Staff:

Psychologists – 52

Primary Care Physicians – 25

NP/PA (Primary Care) – 42

Master's-level Clinicians - 68

Psychiatrists – 12

NP (Psych) – 9

Case Managers - 37

Pharmacists – 11

Dentists - 2

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Asked This Question to …

- Dennis Freeman, CEO at Cherokee
- Nearly 4 decades of leadership at Cherokee
- Interviews with CHS leaders in preparation for this talk
- Nearly 3 decades of personal observation and leadership at Cherokee

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Leadership Starts With A Vision of A Desired Future That We Must Create

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First Glimpses of a Vision

- Dr. Freeman's CMHC outreach experience
- Developed an intimate knowledge of rural primary care, but more importantly, patients
- Dr. Freeman's Honda (circuit riding to rural practices)
- Linked with a missionary doctor in rural practice
  - Newspaper article saying MH was the #1 problem
  - Placed a psychology intern there (co-location)

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First Glimpses of a Vision

- There is more to primary care than most people think
- Primary care is the best platform for community mental health – near blasphemy in the 60s and 70s
- Patients always point the way – primary care is the direction
- Impact of autocratic leadership: sheep stay, goats stray
- Communicate results, not intent
- "We will create a desired future that somehow blends primary care and behavioral health together, and as a result, we will improve the quality of life for our patients and we will save lives as well."

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The Vision Became A Cause

Reduce suffering and save lives.

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The very essence of leadership is that you have to have a vision. You can't blow an uncertain trumpet.

Father Theodore M. Hesburgh

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Whatever this new model looks like, it needs to…

- Expand the primary care service model to address the most commonly presenting behavioral health complaints
- Address the most pressing concerns of the CMHCs—access, health status of SMIs and survival

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We Will Merge the Missions of a Community Mental Health Center and a Federally-Qualified Health Center

We Emphasize…

- Integration of Behavioral Health and Primary Care
- Outreach to Underserved Populations
- Training Health Care Providers
- School-Based Health Services
- Telehealth Applications
- Safety Net Preservation

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Whenever you see a successful business, someone made a courageous decision.

Peter F. Drucker

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When you come to a fork in the road… take it.

-Yogi Berra

Forks In the Road…

1960 Chartered as Morristown Mental Health Center – CMHC
1984 Clinch Mountain Regional Health Center, Inc. – primary care start-up
1987 Union-Grainger Primary Care – FQHC management agreement
1993 Cherokee Health Systems – Blend primary care and behavioral health
2002 Cherokee's Initial FQHC grant
2005 Corporate Consolidation – Cherokee, UGPC, Clinch
2006 Migrant/Farm Worker Health Center
2008 Homeless Health Center
2011 Behaviorally Enhanced Patient Centered Medical Home (Level 3)
2012 Public Housing Health Center

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Forks in the Road/Epochs of Development

- Rooted in the mission of community mental health of the 60s
- Circuit riding outreach into primary care/co-location
- Primary care operations
- Embedded Behavioral Health Consultant role
- Blending the cultures, becoming an FQHC
- Behaviorally enhanced Healthcare Home
- Value-based contracting

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Vision…Mission

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Our Mission…

To improve the quality of life
for our patients through the integration of
primary care, behavioral health and substance
abuse treatment and prevention programs.

Together…Enhancing Life

Mission

- "Treasure the Mission"
  - Passion: pursue it at all costs
  - Protect: guard it, beware of mission creep
  - Persuade: staff, Board, funders, anyone that it is critical
  - People: make a positive difference in people's lives

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Vision…Mission…Values

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Key Values Drive Strategy and Tactics

- Access is fair and right -- increase it
- Disparities are wrong -- eliminate them
- People matter – connect with them
- Communities matter – implement population health
- Stewardship is critical – manage costs

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Vision…Mission…Values…Priorities

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Integrated Care: Typical Initial Considerations

- The Money
- The Manpower
- The Model
- The Mission

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Integrated Care: Recommended Considerations

- The Mission
- The Model
- The Manpower
- The Money

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Vision…Mission…Values…Priorities…People

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“The CEO is a talent scout”

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Overheard in the halls

- “Go where the grass is browner.”
- “Got a minute?”
- “We can do that.”
- “Do the right thing and the money will follow…(usually).”

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People…

- Find and support missionaries
- Identify clinical, operational and financial champions
- Interview for values – "What makes you tick?"
  - Resumes with volunteer experience, Peace Corps, VISTA
- Identify potential leaders and develop them
  - *"Leaders develop teams of leaders."*
- Measure results and provide feedback
- Build incentives for quality, patient satisfaction, costs

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Lessons We've Learned…
sometimes the hard way…

- Brilliance may be fool's gold
- Compatibility is always golden
- It takes a team
- Not everyone fits
- Hire for attitude, train for skills

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Building a Leadership Team that Embraces Transformation

- Mission-Minded
- Shared Values
- Team-Oriented
- Flexible, Willing to Try New Things
- Sense of Uneasiness or Distrust of the Status Quo
- Strong Technical Skills
- Excellent Communication Skills

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Vision…Mission…Values…Priorities…People…Culture

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Culture…

- Stay true to the clinical model and best practices as ways to assure quality
- The importance of each patient and each other
- Trust in ourselves and in each other
- Truth in all that we do and say
- No drama – it threatens the Mission

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Culture

- Take prudent risks, “fail fast,” learn from “mistakes,” and implement new solutions
- Personal accountability and follow-up
- Take our mission seriously, but not ourselves
- Humor and fun

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A Culture of Resilience

- Don’t be blind-sided by resistance
- Lead from in front when the bullets are flying
- You may have to bet the house
- Mission is the rock

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If you want to lead the Orchestra,
you must turn your back
to the Crowd

Max Lucado.

CHS Leadership Characteristics

- Visionary
- Self-effacing/humble
- Listens most of the time
- Words used to build people up
- Even-tempered
- Blend of patience and impatience

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CHS Leadership Characteristics

- High emotional intelligence/EQ
- Relational/empathetic
- Gives credit to others
- Shares power and authority
- Develops people, usually through challenges
- Puts others first/sacrificial/servant

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- “Long-term commitment to new learning and new philosophy is required of any management that seeks transformation. The timid and the fainthearted, and people that expect quick results are doomed to disappointment.” W. Edward Deming, *Out of the Crisis*

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Logic takes you from A to B, imagination can take you anywhere.

- Einstein

- **The Road to Integration**