

Leadership

Why Do It?

A new model of care brings the need for new leadership skills. Leading primary care transformation involves expertise in change management; leaders must be able to create a vision, build organizational will and align transformation work with other organizational strategic goals and priorities. Check out the tip sheet on *Culture and Change Management* for additional suggestions. The [Institute website](#) offers a variety of resources centering on [Leadership](#).

Where to Start

1. Find a leader who firmly believes in the PCPCH model. Clinic staff who embrace the concept of a primary care home and can articulate a vision for how the model could benefit the clinic are the ideal candidates. Cited characteristics of strong leaders of PCPCH implementation include:

- a. A **willingness to work hard** to build support even in the face of significant initial resistance from other staff members.
- b. Ability to **solidify a formerly enthusiastic team's commitment** to see the transition through when challenges inevitably emerge.
- c. The ability to **regularly handle criticism** and pushback.
- d. At some clinics, staff prefer providers over non-clinical staff as PCPCH leaders since providers can “speak the language.”

“I’ve never seen a place that’s been so sensitive to getting feedback and input for change. I think that’s helped make the change easier. The staff feels like they’ve gotten input ... a flatter organizational structure where someone can walk up to [the CEO] and make a suggestion and, right or wrong, he’ll consider it.”

2. Leaders should introduce and facilitate change process discussions rather than drive decisions or changes. The leader’s role is to convene the discussion with a structured and formalized plan that:

- a. **Clearly articulates** goals, processes, and evaluation criteria.
- b. **Is transparent and understood** by all staff within the clinic.
- c. **Reminds discouraged staff** of the reason for the change.

3. Successful implementation requires staff buy-in and a leader who can obtain it. Buy-in is more likely when a leader reduces the organizational hierarchy within the clinic, encourages participation from all staff members, and embraces shared leadership and teamwork. When buy-in is achieved:

- a. Goals are more thoroughly understood throughout the clinic,
- b. Pitfalls are more often anticipated, and
- c. Success is more widely celebrated.

PCPCH tip sheets were developed from the reported experiences of recognized PCPCH’s, by a Portland State University research team under contract with the Oregon Health Authority, 2016. These recommendations are not part of the official OHA technical assistance guide and are not a guarantee of program recognition. Access this Tip Sheet and other resources: <http://www.pccpi.org/search/resources>.

4. Even the best leaders are unable to convince everyone to commit to PCPCH transformation.

Change resistance, fatigue, and burnout are common, so

be prepared for staff turnover. To maintain progress in PCPCH implementation, consider the following:

- a. **Develop new hiring practices** that search for candidates who understand team-based care and are willing to use EHRs on an everyday basis (also see the tip sheet on *Recruitment & Retention*).
- b. **Cross-train staff** in several roles so they can assist with and complete tasks as needed.
- c. **Encourage staff to work to the top of their license** (see the tip sheet on *Team Based Care*).

“[Staff turnover] was a tremendous loss, but some of what we lost were some bad habits. We were able to set some standards of interpersonal relations. We were able to start fresh and that was a strength.”

Tips for Making the Most of Leadership

- ❖ Considering freezing provider salaries during PCPCH implementation to allow time for the clinic to adjust.
- ❖ Encourage non-clinic staff to share their perspectives on priorities for change and suggestions for implementation. The opportunity to play a more meaningful role in the clinic’s direction is motivating to staff, who are typically less likely to play an active role in workflow and protocol planning (see the tip sheet on *Quality Improvement*).
- ❖ Attend trainings or webinars that focus on interpersonal relationships, such as general communication, conflict management, and how to work as a team.
- ❖ If your clinic has previously participated, or currently participates, in a learning collaborative, apply those lessons to PCPCH implementation. Many clinics stated that their learning collaborative experience eased the transition of PCPCH implementation.