GET TO HIGH PERFORMANCE

Developing High Performing Teams: High Plains Community Health Center

Most businesses now build their management strategies around teams. But what does that mean exactly? Calling your work groups "teams" doesn't by itself lead to improved performance. To really get your teams performing at

a high level, you need to consider the structure of your business model and the incentives offered to your players. To learn more about developing high-performing teams, we spoke with Jay Brooke, Executive Director of High Plains Community Health Center, a clinic with 100 staff and seven providers located in Lamar, CO. High Plains was founded in 1995 and provides dental and behavioral health services. They also have an onsite pharmacy and provide basic primary health services.

**JAY BROOKE,
EXECUTIVE DIRECTOR**

> **HIGH PLAINS' FORMULA FOR DEVELOPING HIGH PERFORMING TEAMS**
> 1. Be prepared for resistance in times of change
> 2. Put the right tasks in the hands of the right people
> 3. Make sure the whole team's incentives are aligned
> 4. Hire for attitude, train for skills

In our early years we struggled with long wait times, low productivity, financial challenges, and tension between front and back office staff. Someone with an acute problem might have to wait a week or two to get in, and during that time they would get well and cancel their appointment or not show, causing a hole in the schedule. This led to low productivity and financial issues. The back office would be telling the schedulers, "Why can't you get people in?" and the front office would say "It's so far in advance, we can't get people." There were enough problems that the pressure to change was greater than the inertia to stay the same.

In 2002 we received funding from Health Resources and Services Administration (HRSA) to redesign our approach towards patient visits. Given our small number of doctors, we chose to develop a team-based model. Now, each team consists of a provider and three medical assistants, whom we call Patient Facilitators (PFs). The PFs are cross-trained to rotate between front and back office tasks, including processing medical records, answering phones, greeting patients, triage, and clinical support-related tasks. As a result, our providers are now 50% more productive, saving nearly $500,000 per year; no-shows have been reduced from 20% to 4%; we have better patient outcomes; and we have high job satisfaction and low turnover. These are some key lessons we learned in the process:

1. **Be prepared for resistance in times of change**

   Developing a team-based approach to care meant making big changes in how we managed our work flow. We had to change the way we recruited and trained people, how we divided responsibilities, how we supervised, and ultimately how we served our patients. That kind of change will always lead to resistance.

   For that reason, administrative support is at the top of the list – there has to be leadership buy-in. You'll see the rule of thirds at work when you make changes in an organization – a third of the people will be excited, a third will take a "wait and see" attitude, and a third

   will resist what you're trying to do. It took some time for everyone to adjust when we got rid of individual titles for many of the front and back office staff, designated everyone a patient facilitators, and began to rotate those tasks.

   I was sitting in a meeting one day hearing a lot of complaints, and I remember saying "We're going to do this. The dogs may bark, but the wagon train is moving on." At that point the complaining stopped. Some people left, but most contributed to making it all work.

2. Put the right tasks in the hands of the right people

Before the redesign, our teams had one medical assistant to each provider. We changed to three PFs per provider (two on the floor and one on the phone). This doubled the resources for the provider who now only does patient care – no administrative tasks – so they are not distracted. Most of our schedule is same day appointments, and we don't schedule out more than two weeks. It cuts down on no-shows and works well for patients. Everyone has a two way radio so they are in direct communication. When the patient comes in, they radio back. If the patient needs an immunization, they radio the provider or the PF. All this requires some investment in equipment, along with the need to consistently communicate the culture to both existing and new staff.

3. Make sure the whole team's incentives are aligned

We are a non-profit, but we operate like a business. We knew we had to improve our productivity, so our incentive program is built on that. Our budget is based on teams seeing 17 patients a day, so if they exceed this they receive a bonus. If they average 18 patients a day over the course of a month, the provider receives $400 and the patient facilitators receive $80 each. If they see an average of 22 patients, the number goes up. Our bonus plan is as robust as any you'd find at a for-profit business, and is very unusual in a healthcare setting. Each team also has a health coach who works with patients to achieve their goals. Our best PFs often move to that position, which pays more.

4. Hire for attitude, train for skills

For our patient facilitator position, we prefer someone who hasn't previously been through training. We screen and hire people who have great people skills and high intelligence, and, if possible, are bilingual in Spanish and English as we have a lot of Spanish-speaking patients. For the workflow and clinical skills, we provide extensive on-the-job training. When someone is hired, they are presented with a list of things to learn and their supervisor checks off competencies as they achieve them. They also get a small bonus for each new skill they master. It takes people about three to four months to get through the list. We get quite a few applicants for these positions, and the low turnover helps our bottom line.

It is hard to attract and retain providers because we are in a very rural part of Colorado. Ed Wagner of the Group Health Research Institute visited us and did a study on our organization. One interesting thing he said was that we were the most provider-proof system he's ever seen – we can plug in new providers very easily, because they can focus on patient care.

FINAL WORDS OF WISDOM

Change is hard and it's easy to give up on it. You will get resistance. You have to stick to your guns.

HOW DO WE LEARN MORE?

Six Sigma: High Performance Teams – Understanding Team Cohesiveness

Inc. Magazine: Building and Leading High Performance Teams

Hitachi Foundation Video: Care Team Redesign: High Plains Community Health Center

Group Health Research Institute: Improving Primary Care

University of California- San Francisco: Center for Excellence in Primary Care

University of California- San Francisco: High Plains Community Health Center

Other companies that have implemented high-performing teams include Optimax, Marlin Steel, Union Health Center, and Integrated Packaging Corporation.

For more information:

Mark Popovich, VP of Program
mpopovich@hitachifoundation.org
202-828-1643

Tom Strong, Sr. Program Officer
tstrong@hitachifoundation.org
202-828-1657

Profile researched and written by
Anne Claire Broughton,
Broughton Consulting, LLC
anneclaire@broughton-consulting.com
www.broughton-consulting.com