Leadership Team
July 14, 2017
Meeting Summary

Attendees: Baldor, Chuman, DiFranza, Ferguson, Flynn, Koester, Lasser, Lindholm, Polakoff, Potts, Runyan (phone), Seymour, Shields, Stevenson, Van Duyne, Weinreb

Excused: Domino, Earls, Gilchrist, Hernandez, Mazyck, Pietry

Announcements: No announcements were distributed but the following brief updates were provided:

- Dan circulated a copy of an email that would be going out the following week re: a tribute to Mick Huppert, former faculty member and CEO of Community Health Connections CHC in Fitchburg, who has been diagnosed with Leukemia. The Department is seeking contributions to help support the planting of a tree on the grounds of the Barre Family Health Center as well as a reception in his honor to take place sometime in August.
- Dan also reminded the group about the Annual Faculty Reviews and the 1-page sheet that each LT member needs to complete for their faculty related to leadership aspirations and development opportunities. The form should be returned with the completed review.
- We are heavily recruiting in all practices right now with the exception of Fitchburg. Candidates are interviewing and we are hoping to fill positions as soon as possible.

Discussion: A3 – Community Health and Clinical Coordination

Warren started the meeting with a short slide presentation to get the group up to speed with the work of the A3 team lead by Mary Flynn and Suzanne Cashman (slides and handouts attached for review).

- The problem the A3 is looking to solve is “Currently coordination of needed services between our practices and community resources for the purpose of improving patient health is inadequate and ineffective.”
  - More specifically the group is focused on patient transportation needs and accessibility challenges
  - Linda expressed interest in her and/or Robin Clark to join an upcoming A3 meeting if they could be helpful as they are also working on some overlapping issues.
  - The team is still unsure of the metric to use to demonstrate improvement. Suggestions are 1) no show rate declines and 2) less frustration from providers.
  - Although each practice will have its own approach some standardization may be helpful
    - Staff person in the practice that processes the PT1 requests and knows the requirements of the service
  - Linda suggested seeking Foundation funds to purchase bus passes for patients in the urban practices
o Sara noted that is no patient representation on the A3 team and having that input could be helpful in solving the problem

o Should a rep from WRTA also be asked to join? Their participation may more quickly address issues raised by the team and expedite improvements
  ▪ For example, there is an app that may allow patients to stay indoors and know when their bus is about to arrive

o Herb suggested conducting a “Patient No Show” pilot to gather baseline data (100 patients) to find out reasons patients are not arriving at appointments
  ▪ This would be a good Capstone or resident project

o Sara suggested every team member take the bus from a specified location to a health center

Discussion: A3 – Diversity

Dan kicked off the discussion reminding the team about the Department’s commitment to improving the recruitment and retention of a diverse workforce of faculty and residents. He circulated a copy of the Chair’s Corner on diversity that he sent to the list serve on June 12th. An A3 team has been assembled and is being co-lead by Jennifer Bradford and Heather-Lyn Haley. Stacy is overseeing a diversity task force developed for residency program with a specific focus on how we recruit residents into the WFMR program. Ivonne McLean and Christine Pierre are co-leading the effort.

Warren reminded the LT about the mandatory attendance at one workshop as part of the diversity initiative. The proposed times will change slightly to be more family friendly, taking place from 3-6pm (Tuesday 11/14 and Thursday 1/11) or 8-11am (Thursday 3/1 or Tuesday 6/5). Please watch for a SurveyMonkey to register.

The goals of the diversity A3 are 1) create a culture of learning and 2) an indifference culture; as leaders not turning our backs when issues are observed or reported

Stacy provided a brief overview of the work of the residency task force which was looking at whether the program was selecting the right people for interviews. They looked more closely to see if there was a problem with the way applications were being screened and whether they were being looked at without bias. As a pilot, FHCW changed the way applicants were scored and gave points for those with diverse backgrounds. The preliminary rank list had individuals from diverse backgrounds higher on the list which resulted in a much more diverse group of incoming interns. The group is discussing the possibility of spreading this technique across all the health centers.

Warren let the group know that content for the required workshops is currently being developed and they will offer a basic or advanced option for faculty.

At the conclusion of the discussion we agreed to:

- Re-train the LT on best practices for recruiting a minority workforce
- Begin to create a safe environment for these discussions with the LT – all members need to be on board
- As the curriculum is planned we should think about modeling them after TOT
  o Basic: learn facts, vocabulary and do role playing
o Advanced: more in-depth techniques on how to improve leadership capabilities

- Possibly create some short videos that model the behavior we want to see our faculty emulate; provide faculty with specific wording/tools that can be used.

**Next meeting: September 8th, 8-9:30am, Benedict E & F**