

**HAWAI'I PRIMARY CARE ASSOCIATION
CLINICAL LEADERSHIP TEAM (CLT)**

**2007-08 Clinical Leadership Team
Work Plan**

The Clinical Leadership Team (CLT) is a committee approved by the board of directors and supported by the staff of the Hawai'i Primary Care Association.

I. MISSION/PURPOSE

The mission of the Clinical Leadership Team is to advance the quality of community health care for the communities we service by improving the abilities of, and opportunities for, clinical directors/medical directors to become effective clinical staff leaders at their prospective health centers.

The purpose of this clinical network is to provide the foundation within the Hawai'i Primary Care Association for:

- Training for leadership development
- Peer support for and discussions on issues pertaining to Medical/Clinical Directorships of Community Health Centers
- Advisory role to the Hawai'i Primary Care Association Board

The CLT's purpose can be accomplished through its annual work plan that will encourage the clinicians to become knowledgeable and familiar with the standards and best practices in each key area for a successful community health center. The Clinical Leadership Team will provide the clinical directors/medical directors with the tools to assess current standards and develop their own individual plans to bring about change and continuous improvement resulting in safe, cost effective, high quality patient care at their health centers.

II. GOALS AND OBJECTIVES

The goals and objectives of HPCA's Clinical Leadership Team are to develop and maintain a system and network which undertakes the following:

Goal 1: Support training for leadership development for the clinical directors/medical directors and provider staff

Objective 1: Assess areas of training needs in three areas:

- Team development for Clinical Directors/Medical Directors as the CLT
 - video conferencing
 - face-to-face meetings
- Individual development for Clinical Directors/Medical Directors
 - leadership conferences

- National Association of Community Health Centers
 - Western Clinicians Network
- Clinical Staff Trainings for CHCs as a group
 - Department of Health workshops on HIV, diabetes, etc.
- Sharing through the national, regional and local listservs
 - Department of Health workshops on HIV, diabetes, etc.

Goal 2: Support quality related issues at the individual health centers.

Objective 2: Assist in the development of a peer review process at the CHCs.

Objective 3: Assist in the development of a performance improvement/quality improvement committee for review and standardization of quality measures.

Objective 4: Assist with the participation in the Bureau of Primary Care Health Disparities Collaborative

- Look at cumulative trends in collaborative reports.

Goal 3: Support Clinical Issues

Objective 5: Review clinical guidelines for best practices.

Objective 6: Assist in setting up clinical operations and the evaluation thereof for increased patient flow and revenues, e.g., patient scheduling, open access.

Objective 7: Develop an organizational/management structure based on individual clinic needs.

Goal 4: Share Medicine-Related Issues

Objective 7: Problem-solving discussions on medicine related issues shared by the group such as:

- Medicine related policies and procedures
- Compliance issues
- 340 b pharmacy program
- Patient assistance program
- Standardized formularies
- Pharmacy & Therapeutic Committee
- Medicine Bank issues

Goal 5: Discussion on Financial Issues

Objective 8: Learn best practices from each other through discussions about: provider productivity (quarterly), coding profile (quarterly), UR Report Review, Grants, Budgets, Contracts, and Physician Incentive Programs.

Goal 6: Administrative Role Defined in the CLT

Objective 9: With the support of each CHC executive director, attend face-to-face meetings 2-3 times per year and interim video-telephone conferencing.

Objective 10: Participate in work plan to evaluate each center's progress and reflect on changes individually.

Objective 11: Act in advisory capacity with the Hawai'i Primary Care Association Board.

Goal 7: Information Management

Objective 12: Problem solve to improve information technology issues in clinical interface: integration of clinical needs such as computerized logs for pap, mammograms, immunizations, and electronic medical records (EMRs), etc.

Goal 8: Create other healthcare entities partnership collaboration within and outside the health centers

Objective 13: Discussion and advisory with health professions and academy training, but not limited to AT Stills University School of Medicine, UH School of Medicine and Nursing and Nurse Practitioners,

Objective 14: Insurance carriers

III. SCOPE OF PLAN

The scope of plan for the CLT includes, but is not limited, to the following:

- Education and planning
- Advisory role to the Hawai'i Primary Care Association
- Developing leadership
- Peer support
- Pharmacy & Therapeutic Committee

IV. AUTHORITY AND IMPLEMENTATION

The board of directors of the Hawai'i Primary Care Association has oversight over the committee and encourages all member health centers to actively participate.

The Clinical Leadership Team meets to discuss best practices, quality initiatives, and training, and to network with one another and other potential partners.

The Clinical Leadership Team works together with the Quality Improvement Committee (QIC) to share information, issues, and strategies regarding quality improvement systems and issues. The CLT will present any concerns from the CLT and QIC to the HPCA Board of Directors for approval or action as needed.

V. CLINICAL LEADERSHIP TEAM--ROLES AND RESPONSIBILITIES

The Clinical Leadership Team is comprised of physicians from each of the CHCs on O‘ahu, Maui, Kaua‘i, Hawai‘i, and Moloka‘i, who have medical/clinical director responsibility in each respective health center. Currently, members are from the following organizations:

1) Bay Clinic, Inc., 2) Community Clinic of Maui, 3) Hāmākua Health Center, 4) Hāna Community Health Center, 5) Kalihi-Pālama Health Center, 6) Kaua‘i Community Health Center, 7) Kōkua Kalihi Valley Comprehensive Family Services, 8) Ko‘olaupoko Health & Wellness Center, 9) Molokai Ohana Health Care, Inc., 10) Waikīkī Health Center, 11) Wai‘anae Coast Comprehensive Health Center, 12) Waimānalo Health Center, and 13) West Hawai‘i Community Health Center. HPCA, in consultation of the CLT members, may ask other appropriate organizations (e.g., AlohaCare) to send representatives to work with the committee in an advisory capacity, e. g., Queen Emma Clinics and the Native Hawaiian Health Care Systems.

The committee will meet approximately three times during the calendar year at various locations and will be chaired by one of the CHCs’ representatives. Interim meetings may be arranged via video-teleconferencing. HPCA will provide travel reimbursement for members from the neighbor islands for face-to-face meetings.

The Hawai‘i Primary Care Association maintains the committee’s records including agenda and minutes, coordinates meetings, and generally ensures communication among members.

VI. REPORTING

HPCA will distribute notes from each meeting to the CLT members and the Executive Directors of each health center.

VII. PROGRAM EVALUATION of OBJECTIVES

The CLT will generate an annual report that will summarize and evaluate the following:

1. Effectiveness of the work plan
2. Scope covered by the committee.
3. Problems identified, recommendations and improvements made, if any.