

blue  of california
foundation

community clinic case studies

professional development

LFA Group
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introduction

context

California community clinics are operating in a complex environment. Because of the economic downturn, Medi-Cal payments to clinics were delayed in 2008, 2009, and 2010. Entire programs, such as adult dental and podiatry, were eliminated. A few clinics have closed as a result of financial hardships over the past two years, and many others have cut staff and services.

The Patient Protection and Affordable Care Act of 2010, also known as healthcare reform, has created a climate of excitement and change mixed with tremendous uncertainty about what is to come. If clinics are to thrive, or even just survive, they must operate at higher levels of efficiency while still providing high-quality services to their patients.

Blue Shield of California Foundation (BSCF) believes that clinics functioning at high levels of capacity in several critical areas – engaging in meaningful collaborations, maintaining good financial health, and providing robust professional development – will be poised to meet the future challenges of the field and provide high levels of access and quality care to their patients. These case studies explore that hypothesis and discuss a vision for the future of the clinic field along each dimension of capacity.

background

In 2007 and 2009, the BSCF commissioned LFA Group: Learning for Action to conduct surveys and a small number of interviews to explore the impact of core support funds on California community clinics. The evaluation findings raised questions about the ways in which several core capacities of community clinics affect access to care and quality of care, and in 2010, BSCF engaged LFA to conduct research on this topic.

This case study on Professional Development is one of three that focus on access to and the quality of care in California community clinics; the other two focus on Collaboration and Financial Health.

Access to care: The timely use of personal health services to achieve the best health outcomes.

Quality of care: The extent to which care is effective, safe, timely, patient-centered, culturally competent, equitable, and efficient.

professional development

Professional development is important because it provides clinical and administrative staff with opportunities to stay up to date with best practices in the field and explore areas of interest that allow a person to grow personally and professionally. BSCF believes that professional development is important in community clinics that must stay current with new healthcare practices, adapt rapidly to emerging trends, and learn how to thrive in an environment characterized by reform. BSCF has put forth the hypothesis that having staff who are well-trained and professionally fulfilled will allow clinics to tackle these challenges, ultimately leading to better quality of and access to care.

This case study explores professional development in a small sample of California community clinics. It describes what professional development looks like in clinics that demonstrate varying degrees of commitment to it, as well as examples of how professional development affects access to and the quality of care. Finally, it raises questions for the field about how clinics can best provide professional development to their staff and discusses some implications of healthcare reform.

methodology

Clinics were selected to participate in this case study based on their responses to the Community Clinic Survey conducted by LFA in 2009. LFA selected clinics to participate in the professional development case study by choosing a diverse sample. First, the sample included those with varying degrees of commitment to professional development. In addition, selected clinics vary in terms of their operating budget size and geographical location. Commitment to professional development was determined by analyzing responses to questions on the 2009 survey.

Clinics were categorized as “low commitment” if they do not offer professional development to all staff positions, or if they offer two days or less per year to employees that do receive professional development time. Clinics that offer professional development to all staff and provide at least a week of professional development time were categorized as “high commitment.” A total of 12 staff – largely executive directors/ chief executive officers (CEOs), medical directors, and human resource managers – from five clinics participated in phone interviews on professional development. Clinics were located in the Northern, Central, Southern, and Los Angeles regions of California. Two clinics were

Professional development refers to skills and knowledge attained for both personal development and career advancement. Professional development encompasses all types of facilitated learning opportunities, ranging from college degrees and formal coursework to conferences and informal learning opportunities situated in practice.

categorized as low commitment, and three had a high commitment. Three clinics had small operating budgets (under \$5 million), and two had large operating budgets (more than \$10 million).

This case study was designed according to the principles of the “small sample case study” method. Researchers selected clinics that are “typical” of the population as a whole (California community clinics that meet licensing requirements). The clinics also represented diversity with respect to the independent variable of interest: the commitment to professional development. Using careful case selection that takes into account both representativeness and variation on the independent variable allows researchers to make inferences about the field these clinics represent, even in the absence of a large random sample. A more complete discussion of the methodology for choosing clinics can be found in the Methodological Appendix.

state of professional development in clinics

professional development in low commitment clinics

One of the most striking findings from interviews with clinics is that the term “professional development” means something different to clinics that offer minimal professional development opportunities than it does to those that offer significantly more opportunities. Regardless of their annual operating budget, clinics with a low commitment to development described professional development as on-the-job training to complete basic job responsibilities, rather than learning opportunities to grow beyond an employee’s current skill set. Some examples of low commitment opportunities are trainings to use existing computer systems, information on clinic policies and procedures, and shadowing another employee during the first week on the job. When one low commitment clinic was asked how employees were taught new skills, they replied that they try hard to hire employees with all the skills they will need for the job, rather than send an employee to trainings to acquire new competencies or knowledge.

Low commitment to professional development means not offering professional development to all staff positions, or offering two days or less per year to those positions that do receive professional development.

“We do not have official written policies. Ours are more unofficial. I’m always open to people coming to ask me [about trainings]... Nurse practitioners get paid educational leave of two days per year, that is the minimum they have to do [to meet licensing requirements]. Medical assistants are encouraged to go to trainings, but they do not get paid time off.”

Chief Medical Officer, low commitment clinic

The clinics with a low commitment to professional development also did not have any formal policies in place about who was offered time off or how much funding staff could receive annually to pursue professional development. Instead, decisions about trainings are made on an individual basis. This includes time off for continuing education courses that are necessary for medical staff to meet licensing requirements on a regular basis. One CEO gave the following overview of professional development at their clinic: "We make decisions on a case-by-case basis for everyone: doctors, administrators, and billing staff. We make the decision about whether the training would be helpful for the clinic and we put the clinic first... If it is something the doctors need to do, like continuing education credits, they can take their PTO [paid time off] to attend. If it is something we want them to do, then we don't deduct it from their PTO."

A different clinic with a low commitment to professional development currently encourages its leadership team (CEO, CFO, medical director) to attend trainings and conferences, but for other positions it only provides financial support for trainings that are necessary for continuing education credits. This results in professional development for clinic leadership and medical providers but not medical assistants or administrative staff. However, this particular clinic is currently trying to strengthen their professional development offerings and has been investigating collaborations with other organizations and clinics that would allow them to offer additional, low-cost professional development opportunities to their staff.

Clinics gave a range of reasons for offering minimal professional development. The most common reason was that the clinic cannot spare the staff to attend trainings during clinic hours – one less provider or medical assistant means seeing fewer patients that day. Clinics also called out the costs to travel to and attend trainings, which can be especially prohibitive for clinics in rural areas. One of the clinics interviewed mentioned they had decided to offer higher salaries to their providers rather than fund professional development.

professional development in high commitment clinics

Clinics that make a significant commitment to professional development, both through time and financial resources, have a more robust definition of professional development than low commitment clinics. They think about professional development as opportunities designed not only to benefit the clinic but also as training that helps individual employees grow professionally, even if it might be outside of their current job description. One of the high commitment clinics discussed three categories of professional development: continuing education for medical staff, staff training (safety orientations, policies and procedures, etc.), and staff development (outside training for anyone in the clinic), indicating their recognition of a wide range of training and development needs.

High commitment clinics also have official policies about how much time and money each person in the clinic is allocated for professional development: One clinic provides \$500 for medical assistants and \$2,500 for medical providers, while another provides \$400 for non-licensed staff, \$1,500 for licensed staff, plus 40 hours of paid time off for all positions to pursue professional development.

Clinics with a high commitment to professional development believe that offering robust training and learning opportunities to staff is important for many reasons. They see professional development resources as part of their staff recruitment and retention strategies, and they find efficiencies related to both patient care and back-office support when staff are cross-trained and have expanded skill sets.

As described in more detail below, high commitment clinics see links between professional development and access to and the quality of care. Because they see a return on their investment in professional development and are more aware of the benefits, they are more likely to offer professional development to all levels of their staff, rather than only medical providers.

High commitment to professional development means offering professional development to all staff positions, and offering at least one week of professional development time to those positions.

“We encourage staff to get degrees and keep going. We stress where we want them to grow. There is a lot of focus on growing the person at the same time we take care of the patients.”

*Chief Medical Officer,
high commitment clinic*

“We are fairly flexible in our efforts to help people with their professional development, partly because we are in an isolated area without a strong labor force. If there is a way to help people grow, then we try to do that.”
CEO, high commitment clinic

access and quality

LFA's research found that professional development has an effect on both access and quality. Most clinics are able to describe how they see access and quality improve when they offer robust professional development.

Specifically, high commitment professional development clinics were able to provide richer examples of how they had seen professional development affect both. These clinics knew what it meant to have a commitment to professional development, and they were attuned to the positive changes in their clinic related to the provision of professional development. Low commitment professional development clinics could hypothesize about how professional development could improve access and quality, but they did not have the same types of concrete examples about how either had changed as a result of professional development.

quality of care

Clinics easily and quickly made a link between the types of professional development they offer and the quality of care in their clinics, regardless of their annual operating budget, geographical location, or whether they had a low or high commitment to professional development. They believe that providers have the most direct relationship to quality of care, but that medical assistants and front office staff affect quality as well. Clinics provided many examples of how providers affect quality of care, with interviewees most commonly noting that it is important for providers to have up-to-date medical knowledge and skills so they can provide safe, effective, and efficient care.

A medical director from a high commitment clinic provided a very specific example of how a recent training is positively affecting care in his clinic: "Patients count on providers to be up-to-date – to know what to do for the patients. We just had new guidelines that came out for male patients who smoke. They need to have an ultrasound, and the patients don't know that. And now we can catch more things."

“We are constantly working on our quality of care, and that is what all of our trainings are about. One doctor took time to work with a cardiologist and came back knowing more things to look for, more indications, and put things into practice.”

CEO, high commitment clinic

While the CEOs of low commitment clinics provided examples of how they could theoretically see professional development affecting quality of care, they were unable to provide a specific example of how trainings or other professional development offerings had actually impacted quality of care in their clinics. One CEO of a low commitment clinic described the link that he sees between professional development and quality, saying: “I would think that professional development affects the quality of care for the providers. We want them to stay on top of their medicine and the advances in the field. I’m not sure about specific trainings.”

Interviewees also share that professional development for medical assistants and dental assistants is important because they have the first medical contact with the patients – and need to deliver information and care that is consistent and complementary to that of the providers. Customer service training is also an important type of professional development that directly affects the quality of care that clinics provide to patients. Front office staff are the first line of contact and need to be skilled in customer service to ensure that patients feel comfortable and welcome in the clinic.

access to care

While the link between professional development and quality of care was obvious to all clinics, only one staff member from a low commitment clinic – versus all staff from high commitment clinics – was able to discuss how they felt professional development impacts access to care. Staff from low commitment clinics made comments such as, “It’s a little hard to relate professional development to access to care,” and “I don’t see how professional development would affect access to care.”

One medical director from a low commitment clinic did make the connection, saying, “Yes, [professional development affects access to care]. As our employees become more expert, and people become more versed in their role, we are able to offer more services and efficiency.”

“Recently we had a training where someone let us know what vaccines are covered under family planning and other types of programs. Normally when patients do not have insurance, we can provide the vaccine at a discount, but not for free. When we now offer the vaccine we let them know they can get it for free.”

COO, high commitment clinic

Interviewed staff who saw a connection spoke about many different dimensions of access to care, including the expedient provision of care and availability of types of care in the clinic. These staff described how professional development increases staff knowledge, which helps staff identify patient health needs more quickly and determine the appropriate response, whether it is by providing care in the clinic or through a referral. When providers receive training in new procedures, they can offer new services in their clinic. By referring patients to a hospital or specialist, they make procedures available to patients more quickly. This is particularly important for clinic patients because, for many, access to specialists that accept Medi-Cal is challenging, and their ability to pay out of pocket is limited.

One medical director from a high commitment clinic gave the example of how his staff had become more comfortable giving hearing tests: “We did a whole training on hearing tests where we had someone from the Child Health and Disability Prevention Program give a two-hour presentation, and I think that made the medical assistants very comfortable. They were quick to offer audio tests to even adult patients after that.”

Some interviewees also see an improvement in access to care when their front office staff become more knowledgeable about how to identify which patients need urgent care, because they can skillfully prioritize patients and find ways to fit them into the appointment schedule for the day.

financial health

Interviews revealed links between professional development and financial health, which also relates to access to and the quality of care. Strong financial health and a steady revenue stream ensure that clinics can employ the appropriate number of providers, which affects the availability of appointments, and, consequently, access to care. (More information on the link between financial health and access to care and quality of care is provided in the Financial Health Case Study.)

Many clinics provide training on billing and coding to their administrative staff that helps clinics bill for more of their services, and, in turn, increases revenue. Professional development around program eligibility and benefits helps staff better identify and enroll patients in the appropriate programs. This increases patient access to care by identifying funding sources, provides more financial resources for the clinic, and allows more patients to receive care.

“Professional development for intake staff contributes to equitable care. They can triage patients and recognize a sense of urgency when in the past they might not have done that.”

CEO, high commitment clinic

conclusion: a vision for professional development

In the changing landscape driven by healthcare reform, professional development becomes ever more important for clinics. This section discusses the role it should play in clinics – and raises questions for the field to explore.

looking ahead to healthcare reform

The federal Patient Protection and Affordable Care Act (ACA) of 2010 is intended to make it easier for Americans to obtain, pay for, and keep healthcare coverage. Once the law is fully implemented (beginning in 2014), estimates are that 94 percent of Californians will be insured through their employers, Medi-Cal, or a new health insurance exchange. Enrollment in Medi-Cal is expected to increase by 1.7 million people, while an additional 4 million people are expected to enroll in insurance through the exchange.

While the complete impact of the ACA cannot be known ahead of time, this dramatic increase in the number of insured persons in the state will undoubtedly create a greater demand for healthcare services. Those clinics that have an adequate number of providers and well-trained staff in place to meet increased demand for services will be in the best position to succeed in the post-healthcare reform environment. In order to thrive, clinics will need to have stable finances and satisfied patients. Professional development can play a role in ensuring that clinic staff are poised to provide high-quality services and access to care. Those clinics that currently recognize the value of professional development – and devote resources to it – will likely be more successful in hiring and retaining staff to meet the increased demand for services.

professional development in the future

Given the relationship that professional development has to quality of and access to care, and the impending need for additional providers and clinic staff that healthcare reform will bring about, the community clinic field should recognize how vital professional development is. Clinics should provide paid time off and designate resources for professional development at all levels of their staff, not just continuing education for licensed providers. They should develop written policies that outline for staff what types and amounts of professional development they are eligible to receive. We recognize that increasing clinic capacity in regards to professional development is not easy – it demands resources, both in terms of staff time and financial investments. However, we also believe that the field must invest in its capacity to meet the challenges of a post-healthcare reform environment.

While increased coverage creates the potential for increased access to care, it hinges on clinics being able to meet the increased demand for healthcare services. Clinics should prepare to meet demand by training staff to work at the top of their skill level within their license and practice area, thereby expanding the services medical assistants, nurses, and physician assistants can provide. Clinics can examine the current breakdown of roles among staff within the clinic to ensure that responsibilities for patient care are being provided by the most appropriate person on the medical team.

To maximize the benefits of professional development for clinics and their staff, the field needs to be able to measure the actual impact of various professional development trainings on access to care and quality of care. With standardized measures of quality of care across all clinics, the field should link data between professional development and care in order to determine which types of professional development result in the greatest gains.

questions for the field

There are still many unanswered questions, and there is much work to be done around measuring professional development, encouraging clinics to offer it, and determining the role that it may play in easing clinics' transition to a post-healthcare reform environment. This case study has suggested one vision for the future, but questions remain if the field is to achieve the vision for increased professional development in clinics.

- **How can the field change existing structures and incentives to encourage clinics to increase the amount of professional development they offer?** Clinics mentioned some real barriers to providing professional development to their staff: costs, covering for staff that are out for training days, and the decreased productivity while staff are still becoming proficient in new procedures and practices. It appears that the role of clinic consortia can be meaningful in this area. A consortium can provide and/or research trainings that will create the most value for their members, freeing individual clinics from having to research professional development opportunities.
- **How can the field measure the impact of professional development on access and quality?** This case study gathered qualitative information about the impact of professional development on a small sample of clinics' access to care and quality of care. BSCF funds and is currently evaluating the Clinic Leadership Institute, which provides professional development to emerging leaders in the clinic field. Results from that evaluation will quantitatively analyze the impact of program participation on the individual, the clinic, and the field.

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