

## Leadership Report

# Forces for Change

## Alumni Stories Showcase the Impact of Healthforce Center's Leadership Programs

November 2015

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"It was very clear that I was going to have the best content and faculty, and everyone there shared my passion for improving healthcare. From the very first session, I felt like I had struck gold."

Since 1992, Healthforce Center at UCSF has transformed individuals into informed health care leaders who drive significant change at the local, regional and national levels.

As part of the University of California at San Francisco — one of the world's leading universities in health sciences — Healthforce Center thoroughly understands the issues the health care workforce grapples with daily, and focuses its leadership development programs solely on health care professionals.

Our programs are grounded in Healthforce Center's core model of leadership development, but are also tailored to individuals from any type of organization - private hospitals to medical groups, community health centers to county health plans and health departments — and any discipline including nursing, medicine, pharmacy, behavioral health, and healthcare administration. Healthforce Center's

programs have proven to significantly impact individuals at every stage of their career, from emerging leaders to senior management and executive leadership.

This series of alumni profiles highlight the impact of Healthforce Center's programs across a diverse group of six leaders. All six individuals graduated from their respective programs having significantly enhanced their leadership capabilities and made meaningful and measurable improvements in their organizations.

Despite their varying roles, backgrounds, and motivations for engaging in leadership development, these alumni point to the development of key interpersonal and communication skills as some of the most beneficial aspects of their participation. These new skills allow them to build more effective relationships, work across disciplines with greater ease, and more successfully influence others up, down, and across their organization to drive change. They also underscore their ability to create and articulate a vision for change, generate buy-in, and execute against their vision as an invaluable result of their leadership program experience.

The individual leadership project that participants complete while in their programs was the first of many efforts where these alumni put their new skills and competencies to practice and realized significant organizational improvements. These improvements include: increases in patient market share; establishing a non-profit center for assessing autism in children; and changes to a system for drug formulary that resulted in cost savings of \$20 million for a county health department, among others.

The impact of these alumni's leadership program experience has extended well beyond their graduation. They continue to utilize the leadership project framework for new organizational initiatives, further develop and draw on skills that allow them to successfully navigate ongoing change, and they call on their growing network of leadership program alumni for consultation and support. In addition, these alumni continue to be promoted within their organizations as well as elevated to leadership roles at the state level at a rapid pace.

We invite you read more detailed account of these six individuals' leadership journeys on the pages that follow.

# No Limits

Taejoon Ahn, MD, MPH, CPE

California HealthCare Foundation

Health Care Leadership Program – 2009

Physician in Family Medicine

President/CEO, John Muir Medical Group, Walnut Creek, Calif.

Board Member, John Muir Health

Board Member, California Academy of Family Physicians

“Going through the program may be some of the hardest work you do in your life. You’re going to learn things about yourself that you won’t like. But if you go all in, it’s life changing. You’ll feel differently about what’s possible and what you can expect of yourself.”



When you face a challenge, it’s natural to reach for the tool that you use the most because it feels so comfortable. However, the truth is that it doesn’t work well in every situation. You’re better off having a well-rounded set of options to call on.

Dr. Taejoon Ahn’s boss encouraged him to pad his leadership toolkit by applying for Healthforce Center’s California HealthCare Foundation’s (CHCF) Health Care Leadership Program. At the time, Taejoon was the medical director of urgent care services for the John Muir Medical Group, Walnut Creek, Calif. The group has more than 200 primary care physicians, physician assistants and nurse practitioners in more than 20 locations in Contra Costa and Alameda counties.

Taejoon’s boss, an alumnus of the program, told him that the personal insights and skills he would learn in the CHCF Health Care Leadership Program would profoundly affect him and his future.

Once accepted into the program, Taejoon, currently president of the medical group, wholeheartedly jumped in. What he learned continues to make him a better leader and his organization stronger, he says.

First, he discovered there are many ways to deal with conflict and he shouldn’t rely on the tool that was most familiar to him: striving for a win-win. During the program, he understood the downsides of trying to make everyone happy.

“I realized I would sometimes spend an inordinate amount of energy on an issue that, ultimately, whether it lands one way or the other, wouldn’t make a big difference in the scheme of things. That was time I could have spent on important strategic initiatives,” he says. “I learned that there are many ways to deal with conflict; and that some battles aren’t worth fighting, so avoid them, let them go or delegate them.”

Taejoon says the program also helped “soften some edges and polish me up.”

He knows he has a hot temper. Through the program, he learned to recognize physical signs that he was reaching the boiling point and techniques for regaining his composure.

He also learned practical skills, such as being more focused in his presentations. “I tend to start very expansive and then narrow down, but by doing that I lose some of my audience,” he says. “Now I think through every part of the presentation before I open my mouth.”

He also learned to balance his nature as a dreamer with the approach of a tactician. “As a leader, you have to hold on to optimism and creativity while knowing how to execute. I mean, having grand ideas is all well and good, but none of it matters if you can’t get anything done.”

Taejoon also applied the leadership framework he learned during the CHCF Health Care Leadership Program to a board of directors-level project to design a new set of “rules of engagement” for the physicians.

The dizzying amount of change in healthcare — new expectations of patients and payers, the commoditization of healthcare delivery, increased wariness among physicians about legal liability, to name a few — have made physicians less certain about how to work together, Taejoon says. The

project aims to build a new social contract between members of the extended John Muir physician community.

Taejoon realized that the leadership framework developed by the Healthforce Center was the perfect foundation on which to start constructing the new pact between the physicians.

Since graduating from the CHCF Health Care Leadership Program, Taejoon's career has taken off. He began the program as medical director of urgent care for the group. After graduating, he soon was assigned to high-level initiatives and within two years he became vice president of the group. Now he is its president.

He credits his time in the program for a lot of the career lift. "The leadership program really prepared me for dealing with all of the change in the healthcare industry over recent years. Because even when I didn't know how to do something or I felt stressed, I always knew how to conduct myself," he says.

"The program helped ground me. I am constantly monitoring myself and my interactions with others, and building relationships," he adds.

Going through the program has changed Taejoon's mind about the nature of a "bamboo ceiling" for Asian healthcare professionals. "Growing up, I never conceived of an Asian immigrant guy like me rising up the corporate ranks and being in a position of power in America. My opinion tempered over the years but I still had doubts. Now, who knows? I still think there is a bamboo ceiling but it can be overcome... I've made progress. I'm in the room. I count."

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# Yes, I Can

## Lucinda Bazile, MPH

Clinic Leadership Institute - 2009

Deputy Director, Lifelong Medical Care, Berkeley, Calif.

"The program gave me the skills and confidence to know that I can be a CEO."



When opportunity knocks, sometimes you need a little encouragement to open the door.

Lucinda Bazile credits the coaching she received during her participation in Healthforce Center's Clinic Leadership Institute (CLI) for reminding her that she should feel confident in taking on a CEO position.

Following her participation in the program, she was asked to operate a community health center being acquired by her employer, LifeLong Medical Care. The center's CEO had stepped down and LifeLong needed someone to steer the organization through the merger process.

"Talking with my coach about my reservations as to whether I had the qualifications for this challenging situation, and if this would be a good move for me, was so helpful in deciding to say yes," says Lucinda. "She reminded me that in order to grow I have to take chances, and she knew from working with me in CLI for 18 months that I could do it."

Lucinda relied on everything she learned in CLI to integrate Brookside Community Health Center into LifeLong. One of the key lessons was the importance of creating and communicating a vision for the organization. "I knew that having a long-range vision — one that also talked about what was in it for everyone who works here — would reduce anxiety, encourage staff to stay with the organization through this process and allow us to continue serving the community well," Lucinda says.

"If I had not participated in CLI, I don't think I would have spent as much time on the vision. I would have focused

more on the practical 'Let's get this done' aspects," she adds.

Being authentic — another quality she learned from CLI — helped ease the staff's transition, too. Lucinda understood how being open, and willing to say you don't know but can find an answer together, helps others relate to you and become more open themselves.

After successfully integrating Brookside into LifeLong, Lucinda was named LifeLong's deputy director. She now also serves as second in command.

LifeLong Medical Care is a federally qualified health center program that serves approximately 45,000 low-income residents of Alameda and Contra Costa counties who have limited or no healthcare insurance. Lucinda joined LifeLong 20 years ago after deciding to leave the field of accounting to work in community health and advocate for better healthcare for low-income people of color.

The skills and contacts she acquired from CLI serve her to this day. The strategic thinking and concepts that went into her CLI improvement project — developing a marketing program for LifeLong to capitalize on the opportunities created by the Affordable Care Act (ACA) — help LifeLong build comprehensive strategies for increasing market share today, Lucinda says.

Marketing used to be a rarely used term among non-profit health centers, notes Lucinda. ACA changed that. Health centers no longer can solely rely on traditional outreach programs, such as staffing tables at community fairs. Health centers now have to promote themselves and their services, using advertising, social media and other marketing tools. The CLI improvement project allowed Lucinda to better demonstrate that for LifeLong.

Lucinda is an active participant in the CLI alumni network. It's part of her mission to strengthen community health centers' services to the underserved and communities of color. "The network is a great way for those of us in community health to share best practices and brainstorm with each other," she comments.

She recommends CLI to other community health leaders. "The program reflects who we are and the world in which we operate. We need leaders who have the passion to fight for social justice and at the same time understand that we're a business that has to compete," she says.

# Influencing for Whole Health

Peter Currie, PhD

California HealthCare Foundation

Health Care Leadership Program - 2014

Senior Director of Clinical Transformation & Integration  
Inland Empire Health Plan, Rancho Cucamonga, Calif.

"The program showed me how to map the intersection between the mission and vision of the health plan, and provided opportunities to leverage what I'm so passionate about: the integration of behavioral health. That pays off personally and for the plan. My job satisfaction has gone way up and I think the plan gets a great return on its investment in me."



Dr. Peter Currie is passionate about integrating behavioral health into the mainstream of health care. It's been his focus during the past 25 years of his career as a clinical psychologist. With the Inland Empire Health Plan (IEHP),

a MediCal managed-care plan for which he is the senior director of clinical transformation and integration, he has made remarkable progress toward transforming IEHP into a fully integrated, whole-health system that considers the behavioral and social as well as the physical determinants of its members' health.

What's underway at IEHP, based in Rancho Cucamonga, Calif., is part of a growing national momentum to achieve better outcomes and reduce costs by treating the whole person, and make it easier for patients to get the help they need. Integrated healthcare is especially effective for helping people with complex and co-occurring conditions, such as someone who is poor, homeless and addicted to drugs.

Peter attributes much of the progress at IEHP to having participated in Healthforce Center's two-year California HealthCare Foundation (CHCF) Health Care Leadership

Program. "It validated and sharpened my message and work within the health plan. The program helped me develop the skills to articulate a vision for change, get buy-in from top leadership, and communicate with and rally partners outside of the health plan around a common vision for improved care," Peter says.

Especially helpful was the high-level coaching in building the business case for integration; communicating with language a CFO understands; and creating programs that are sustainable and have outcomes that are financial, not just clinical, he says.

Peter drew on his new skills and knowledge to lead several successful initiatives.

One was establishing a non-profit center for assessing autism in children in the Inland Empire region (the improvement project he completed as part of the program). Another was piloting a program for providing an intensive outpatient program for severely mentally ill patients. The pilot reduced emergency department visits and psychiatric bed days, and produced an average 25 percent savings in costs.

In addition, he partnered with the chief medical officer of IEHP to author a letter outlining the gaps in mental health care for the Medicaid population in California and asking the state to provide mental health benefits to fill those gaps. Medical officers of other plans across the state signed the letter.

Their timing was good. The California Department of Healthcare Services subsequently expanded benefits in 2014, providing mental health services to Medi-Cal patients with mild to moderate conditions. In the first quarter of that year, Peter authorized nearly 60,000 mental health visits to members who previously had no access to treatment.

The CHCF Health Care Leadership Program also helped him navigate a six-fold increase in members' use of behavioral health services between 2013 and 2014 — primarily a consequence of the state of California deciding to enhance mental health benefits for Medicaid recipients. The program helped him leverage his strengths, and lead and empower his team in response to this dramatic increase in services. "It meant I could do the work I needed to do and know how to develop a very high-performing team behind me," Peter says.

Following a year of massive growth, Peter's team achieved a 99 percent positive rating on the IEHP behavioral-health membership satisfaction survey.

Peter urges other healthcare leaders in the state to consider the CHCF Health Care Leadership Program. "If you really want to develop your leadership skills, this is the program, because you'll be learning with a select group of motivated healthcare leaders with whom you will build ongoing relationships," he says.

"You'll get the tools and high-quality training to go to the next level, to be an instrument of positive change from wherever you are right now," he adds.

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# A State Health Care Leader Emerges

Amy Gutierrez, Pharm.D.

California HealthCare Foundation

Health Care Leadership Program - 2007

Chief Pharmacy Officer and Director of Pharmacy Affairs,  
Los Angeles County Dept. of Health Services, Los  
Angeles, Calif.

Assistant Professor of Clinical Pharmacy, University of  
Southern California and Western University of Health  
Sciences

President, California State Board of Pharmacy

Member, California Hospital Medication Safety  
Committee

"I have confidence in my abilities, and as I practice  
what I learned, I know I can rise to any challenge that  
comes my way."



Dr. Amy Gutierrez learned as a child that if you're poor and uninsured, getting healthcare is a lot different than if you are comfortably off and have coverage. She once fell terribly ill and her father rushed her to the emergency room. The family did not have insurance. The hospital wouldn't

admit her until her father proved he could pay for her treatment.

By the time Amy entered college, she had dedicated her life to helping underserved communities. She began her career in pharmacy in the Los Angeles County Department of Health Services (DHS), where she still works today. L.A. County DHS is the second largest public healthcare system in the United States, serving approximately 570,000 people a year.

As she advanced in her career, Amy elected to take on leadership roles to have a bigger impact. She became chief

pharmacy officer for DHS. She oversees medication management policy, provides direction to all pharmacies in four hospitals and 19 clinics, and manages an annual pharmaceutical budget of \$145 million.

"Government organizations generally don't have many resources for training. So, if you excel in your area of expertise, you're likely to get promoted. The assumption is that if you are a good clinician, you will make a good leader. Rarely do you ask yourself if you have the skills that are critical to effective leadership. I wanted to make sure I did," she says.

When she heard about Healthforce Center's two-year California HealthCare Foundation (CHCF) Health Care Leadership Program she knew instantly she wanted to apply. "It offered exactly what I needed to develop my leadership skills: the tools, practical knowledge and networking with other healthcare leaders in the state," says Amy.

Amy credits the improvement project she undertook as part of the leadership program for proving to herself that she has the mettle to "do something audacious", as Healthforce Center's leadership program participants are encouraged to do.

She chose to tackle DHS's system for drug formulary development and purchasing, in which more than 20 organizations made separate decisions on which therapeutic agents would be prescribed and dispensed.

Amy collaborated with various clinical stakeholders within DHS — physicians, anesthesiologists, pharmacists and others — to review evidence of the safety, efficacy and cost-effectiveness of medications in an effort to select those that offered the greatest value for the healthcare system. DHS then standardized the formulary and negotiated large-volume contracts with pharmaceutical manufacturers.

In the first year of the pared-down formulary, the cost of drug purchases dropped by more than \$20 million.

Amy says working through her CHCF Health Care Leadership Program improvement project gave her a framework for planning and accomplishing other initiatives. For example, by understanding the importance of working across boundaries and how to do it, she and another

program alumna helped promote the development of a multi-disciplinary team of nurses, physicians and pharmacists that focuses on boosting medication safety in California hospitals. Many of the guidelines developed by the team are being considered by hospitals throughout the state.

The CHCF Health Care Leadership Program also taught her how to be a better strategic planner. “Instead of thinking day to day, I started thinking about where the organization needed to be in five years, how health care was likely to change and what we needed to start doing now to deal with those changes,” she says.

Amy says DHS thinks much more competitively—an important mindset when patients now can decide where to receive healthcare. For example, DHS set up a prescription-refill pharmacy so that patients can elect to have their refills mailed to them — a convenience offered by many other pharmacies.

Amy's career and scope of influence have grown tremendously since participating in the leadership program. In 2012 California Governor Edmund Brown appointed her to the state board of pharmacy, where she now serves as board president.

“The program showed me what a difference one person can make, when you have the appropriate vision and planning, confidence and leadership skills,” she says.

Amy still seeks advice from those in her program's cohort and other graduates of Healthforce Center's programs. “I have this expert network of people I can call on for help. Or when I'm going to a professional conference and I see that others who have gone through the program also are attending, I know these are people who I likely will want to connect with. It's like a secret club—we all know we're on the same page and we know how to get things done.”

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# From Data to Dialogue

Daniel Kim, MD

Institute for Physician Leadership - 2014

Physician in Family Medicine

Associate Medical Director of Primary Care

St. Jude Heritage Medical Group, Fullerton, Calif.

"I'm much more effective in accomplishing what I want to do and I'm a much better leader."



Dr. Daniel Kim knew he was a good doctor. What he didn't know, until participating in Healthforce Center's Institute for Physician Leadership (IPL), was that great doctors aren't automatically great leaders. It takes a different mindset and skill set to move colleagues and organizations forward than to improve patients' health.

Dan applied for and was accepted into IPL soon after stepping into the newly created role of associate medical director of primary care at St. Jude Heritage Medical Group in Fullerton, Calif., where he also practices family medicine. Quickly, he felt the program would give him exactly what he wanted: the practical nuts and bolts of running an organization; and the relationship skills he recognized he needed to get consensus from colleagues and drive change.

"I'd always relied on using data to get things done. I think a lot of physicians are like this," he says. "I learned that interpersonal skills are so important, that leadership is all about relationship building. Once people have a level of comfort with you, they are much more likely to be collegial and give you buy-in in the future. That's been so helpful."

Dan credits IPL for helping him successfully change how the physicians and teams that he oversees conduct patients' annual wellness visits. Previously, the visits weren't structured. Dan wanted to set up an organized and systemic process that ensured that during the visits physicians would

properly code patients' conditions and collect all of the information insurers need.

The new system would require physicians to do more documenting during these visits. From what he was learning in the IPL program, Dan knew he needed to build relationships with the physicians before asking them to change. "I didn't want to be the new guy coming in and shoving the program down their throats," Dan says.

Consequently, nine months before he anticipated rolling out the new system, Dan began having regular "How are things going?" meetings with physicians and their team members that encouraged dialog, camaraderie and information sharing. The increased awareness of his and others styles and preferences that he developed during IPL helped facilitate these interactions and the process of change.

Dan's IPL improvement project focused on one aspect of the new system he planned to launch: improving coding of patients' conditions during their annual visits. Proper and thorough coding can mean more revenue. It also can improve patient care. Because providers see on a person's chart the extent and severity of each condition, they can have more meaningful conversations with the patient and better manage those conditions.

Dan wanted to make it easier for physicians to code conditions. Inspired by a talk on collaboration, he came up with the idea of pre-populating codes onto charts by paying physicians who were good at coding to read the patient charts of other physicians and suggest the correct code for every condition.

"Paying a physician \$25 to review a chart and suggest coding, and have that turn into an additional \$500 in Medicare payment, is a great ROI," says Dan.

Eventually, Dan hopes physicians will learn so much from their coding-expert peers that charts no longer will have to be pre-populated. Instead, every physician will know and use the correct code.

Dan credits IPL with making him a more well-rounded and thus effective leader. "I developed sides of me that definitely needed help, such as how best to relate to people. I used to rely on what I knew how to do and did well. Now I have a palette of skills to use to lead."

## The Confidence to Stretch

### Suann Schutt, MSN, RN-BC, CEP

Change Agent Program - 2012

Program Manager, Performance Improvement Dept.  
El Camino Hospital, Mountain View, Calif.

“One of the things I learned in CAP is that to have a voice in healthcare, you have to know yourself and your spot in the system. You also have to know your audience — who they are, what matters to them and how to talk to them. If you have a handle on both, you can affect change from wherever you sit.”



“If you don’t stretch, you don’t grow,” states Suann Schutt, a nurse who now is a program manager and coach in the performance improvement department of El Camino Hospital, based in Mountain View, Calif. El Camino is a publicly funded district hospital serving Silicon Valley with more than 18,000 annual admissions.

Thanks to Healthforce Center’s Change Agent Program (CAP), Suann discovered she could go further than she imagined. A successful nurse who steadily rose through the ranks, Suann was asked to participate in CAP’s first cohort. She wasn’t certain she could take it on since she had just begun a master’s program in nursing administration and was working full time at the hospital. But she said yes and it became her first big stretch.

Through CAP, Suann learned the difference between managing and leading, and how to get others to agree on agreement on a course of action. “Before, it would be tough for me to ask a physician to do something he didn’t want to do, even though I had the authority to do it. Now I know how to handle difficult conversations and I have the confidence to manage any situation,” she says.

She also appreciated the multi-disciplinary aspect of the program and brings that to her job. “For many of us, this was the first time a nurse, physician and pharmacist were at

the same table. It was huge. I do that now in my work. I have an environmental services housekeeper on a team that is dealing with safety because I know it’s important to hear all voices and get all insights,” she comments.

As she learned and grew during the program, executives at the hospital began to see her in a new light, Suann says. She saw herself differently, too. “They saw me as a leader, and someone able to affect change and produce good outcomes. Plus CAP helped me be comfortable interacting with the C-suite. That’s not my natural stomping ground, but I now know what they need to hear and how to deliver the message so that they hear it,” she says.

After graduating from CAP, Suann was asked to be an investigator for a clinical trial of a new product, now on the market, that helps prevent pressure ulcers in patients by tracking patient movement and compliance with turning protocols. During the trial, compliance with the hospital’s turning protocols increased from 64 percent to 98 percent.

In 2014, Suann presented the results of the trial at the prestigious International Magnet Conference sponsored by the American Nurses Credentialing Center (ANCC), the world’s largest nursing credentialing organization. She says participating in CAP has made her a far more effective public speaker.

Suann says her CAP experience led to her promotion into the hospital’s performance improvement department. “Before, I wouldn’t have been offered the job, and if I had, I wouldn’t have accepted it because it would have been too scary,” she says.

In her new role, she leads multi-disciplinary taskforces to reduce patient falls and promote the safe handling of patients.

The safety improvement team aims to reduce the costs of providing safety attendants to patients at risk for falling or otherwise harming themselves if left alone — and do it without compromising patient safety. Suann’s new network of CAP colleagues acted as a sounding board on how to proceed. Her taskforce reduced costs by \$168,000 in the first six months.

“I’m really being stretched in my new job. But I know I’m becoming a much stronger healthcare provider,” she says.

## Acknowledgements

Many thanks to the alumni featured in this publication for giving their time and sharing their insights and experiences.



The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

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