

Special Video Report Transcript

Headline: Kim Dempsey of NCB Capital Impact Discusses
Ways To Boost Capacity of Community Clinics

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Kim Dempsey, director of innovation and strategy at NCB Capital Impact

"I'm Kim Dempsey. I'm director of innovation and strategy at NCB Capital Impact. Ethnography is a means to understand, interpret and describe a people or a culture. Professional ethnographers would say that fieldwork is at the heart, at the core, of ethnography. And they would spend weeks, months, maybe even longer, working inside of the natural environments of the people or culture they are seeking to understand. And utilizing a combination of in-depth interviews and observation of daily activities, they would bring an outsider's perspective inside of an environment."

"So the primary objective of this ethnography study that NCB Capital Impact recently undertook was to uncover ways to strengthen and build the capacity of community health centers. You know, community clinics, with the Affordable Care Act that was recently passed, are really facing an unprecedented likely level of demand for services inside of their clinics. We feel it's imperative that they be ready to respond to change and embrace growth on a level not before experienced. So this study gave us the opportunity to help them seek those ... seek those opportunities to grow and to build their capacity in ways that maybe they hadn't thought of before."

"I would say the defining characteristic of community health centers -- and specifically the staff that's used to work inside of community health centers -- is dedication to the mission. It is very clear that staff there, particularly providers, the highly skilled medical staff, could choose to work in any number of environments where, frankly, they might be compensated financially better. But they choose to work in community clinics because of the mission to serve underserved communities, to provide the highest quality level of care to people for whom there may not, literally, be any other option except emergency rooms. Another element of the culture in community health centers that's particularly striking is the community connectedness. So many of the staff people there are actually from the community where the health center exists. They choose to work in the place where they live, in the place where they often grew up -- some of whom, they actually were patients of the community health centers growing up."

"We developed, as part of this study, a polarity framework to help explain and describe the culture inside of community health centers. We chose the polarity framework because there are actually a number of different tensions, a number of different

elements within a health center that they must balance for success. But the one that really came out loud and clear over the course of the seven site visits we did, the 14 days our people spent inside of the clinics, were these polarities that we've outlined in the study: the tension between wanting to focus on patient wellness and health promotion and disease prevention with the need, at the same time, to focus on reimbursement for a billable visit. The other polarity that we saw repeatedly in almost every environment that we were in is the orientation to resources. Is the clinic more focused on an internal orientation, building up its staff, recruiting and retaining high-quality people, or does the clinic focus more of its time and energy externally on national or state policy issues, on funders, and on the community that surrounds it in order to bring resources inside of the clinic?"

"So we decided to frame our recommendations in the study in terms of what we called practices at the poles. And the study itself contains a number of different pyramids to illustrate various practices at the poles. At the base of the pyramid are recommendations that we think would be relatively easy to implement, that would take relatively few resources, whether time or money -- low-hanging fruit. The pyramids have recommendations at the very top, and this is a recognition that these are things that would take more resources, more time and be more difficult to implement. For example, again, to strengthen at the internal orientation to resources pole, the designation of the hiring of a chief people officer or a chief of people engagement. We like to call it a CPO, chief people officer. In any case, somebody that would be focused, really, on the recruitment, the retention, the ongoing training and development of really high-quality people inside of community health centers. And of course, that would take a significant investment of resources. At the billable visit pole for clinics that want to strengthen themselves at the billable visit, cracking the seemingly intractable problem of no-shows. Patient flow, successfully managing patient flow inside of clinics, we heard over and over again, that is just such a difficult problem that clinics are wrestling with. And if clinics can find a way -- and we're not saying we have the solution -- but if they can find a way to crack the no-show problem in particular, I think that would really have a huge impact in terms of their financial strength and their ability to bill for as many visits as possible on any given day."