J Ambulatory Care Manage
Vol. 0, No. 0, pp. 1–14

Developing Emerging Leaders to Support Team-Based Primary Care

Katie Coleman, MSPH; Edward H. Wagner, MD, MPH; Maryjoan D. Ladden, PhD, RN, FAAN; Margaret Flinter, PhD, APRN; DeAnn Cromp, MPH; Clarissa Hsu, PhD; Benjamin F. Crabtree, PhD; Sarah McDonald, BA

Abstract: Teams are increasingly used to deliver high-quality, accessible primary care, yet few leadership programs support the development of team-based care leadership capabilities. The 12-month Emerging Leaders program presents a prototype for how interdisciplinary training targeting frontline staff might be implemented. Emerging Leaders training included didactic content, mentorship, applied peer-to-peer learning, and personal leadership development components delivered in person and virtually. Attendance at training events was high. Nominators and Emerging Leaders noted improvements in knowledge, skills, and attitudes of program participants. Forty percent of participants went on to promotions or new jobs. **Key words:** *leadership, primary care, teams training*

TEAM-BASED PRIMARY care is increasingly recognized as an important foundation for organizing and delivering high-quality health services (Bodenheimer et al., 2014; Peterson Center on Health Care & Stanford Medicine Clinical Excellence Research Center, 2014; Wagner et al., 2012). Models utilizing team-based care can improve health outcomes (Shojania et al., 2006), facilitate access to care (Bodenheimer & Smith, 2013), and improve staff and patient experience of care (Willard-Grace et al., 2014). Major efforts to transform primary care rely on the development and execution of highly functioning teams, yet traditional hierarchies in health professions and clinical operations persist (Bodenheimer & Mason, 2017). These traditional structures for practice leadership and management are challenged in practices where both health professionals and staff are expected to collaborate in delivering care. Instead, team-based practices rely on leaders throughout the organization and at all levels to champion and execute new ways of working (Mulvale et al., 2016).

This diffused leadership infrastructure requires new types of leaders be identified and supported and training opportunities and career ladders be put in place to develop a

Author Affiliations: *MacColl Center for Health Care Innovation, Kaiser Permanente Washington Health Research Institute, Seattle, Washington (Mss Coleman, Cromp, and McDonald and Drs Wagner and Hsu); MacColl Center for Health Care Innovation, Seattle, Washington (Dr Wagner); Robert Wood Johnson Foundation, Princeton, New Jersey (Dr Ladden); Community Health Center, Inc, Middletown, Connecticut (Dr Flinter); and Department of Family Medicine and Community Health, Rutgers Robert Wood Johnson Medical School, New Brunswick, New Jersey (Dr Crabtree).*

This work was supported by the Robert Wood Johnson Foundation providing funding for the LEAP project (grant no. 71986). The authors thank the participants, organizers, and funders of the Emerging Leaders program.

The authors have disclosed that they have no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

Correspondence: *Katie Coleman, MSPH, MacColl Center for Health Care Innovation, Kaiser Permanente Washington Health Research Institute, 1730 Minor Ave, Suite 1600, Seattle, WA 98101 (Katie.F.Coleman@kp.org).*

DOI: 10.1097/JAC.0000000000000277

wider range of staff types and roles (Nelson et al., 2010). Bringing about effective team-based care—and its attendant benefits—in a practice environment requires substantial changes in roles, communication patterns, infrastructure, and training (Cronholm et al., 2013; Nutting et al., 2012; Roth & Markova, 2012). It also requires sharing clinical care responsibility beyond traditional primary care providers (Ghorob & Bodenheimer, 2012; Safford & Manning, 2012). Both providers and staff must adjust to new ways of working collaboratively together, recognizing strengths, and mitigating challenges (Ghorob & Bodenheimer, 2015). Yet, little has been done to support the leadership development of frontline primary care staff and providers, especially in the context of team-based care (Schottenfeld et al., 2016). Despite a wealth of leadership training programs for executives in health care (Jackson et al., 2006), we were unable to find examples of interdisciplinary programs geared toward actively working frontline staff and providers growing into leadership roles in team-based care environments. This articles describes one innovative approach to support the development of diffuse practice leadership capacity in support of high-performing, team-based primary care.

The Emerging Leaders program, developed as part of the larger The Primary Care Team: Learning from Effective Ambulatory Practice (LEAP) initiative, aimed to accelerate the development of an interdisciplinary and diverse cohort of talented primary care staff involved in delivering team-based primary care. The goals of this 12-month program were to provide leadership development, exposure to innovative care delivery trends, mentoring, and peer support to selected primary care staff so that they might positively impact their practice organizations and serve as spokespeople and exemplars for others in similar roles locally and nationally. This article describes the genesis of the Emerging Leaders program: the identification and selection of emerging primary care leaders; the leadership program components and implementation structure; qualitative and quantitative evaluation results from program participants and their supervisors; and implications for ambulatory care management.

METHODS

Setting

In 2012, the Robert Wood Johnson Foundation funded a multiyear initiative—The Primary Care Team: Learning from Effective Ambulatory Practices (LEAP). The LEAP project was designed to identify, study, and engage exemplar primary care practices from across the United States that are using their workforce creatively. Primary care experts nominated 227 innovative primary care practices, and 30 practices were selected for intensive study through review of practice descriptive and performance data. Each practice hosted a 3-day site visit between August 2012 and September 2013, where specific advances in team configuration and roles were noted. Advances were identified by site visitors and confirmed at a meeting involving representatives from each of the 30 practices.

The Emerging Leaders program was created in response to comments made at an in-person gathering of representatives from the 30 nationally selected practices in the LEAP initiative about the importance of and need for interdisciplinary leadership training for promising staff. A strong call was made for a new kind of training focused on high-potential frontline staff who could serve as leaders within the organization and spokespeople outside of the organization for enhanced roles for medical assistants (MAs), registered nurses (RNs), lay people, and providers. More details about the LEAP initiative and the 30 high-performing, team-based primary care practices are provided elsewhere (Ladden et al., 2013; Wagner et al., 2017).

The Emerging Leaders program was designed to (1) demonstrate the relevance of an interdisciplinary cohort approach to leadership development; (2) model a new way of working across silos in teams; (3) be practical and able to be completed by busy practicing staff within 1 year; (4) enhance multiple

aspects of leadership development including confidence and skills development; and (5) create a peer learning network.

Data collection

To assess the Emerging Leaders program, a mixed-methods evaluation of the program was conducted using quantitative and qualitative survey data from program participants and the practice leaders who nominated them. This case study of the Emerging Leaders program presents descriptive and evaluative data about the program's design, implementation, and outcomes.

First, the program structure and components were captured using process metrics to describe how and when Emerging Leaders participated in the various components of the program. Surveys of participants were conducted following the in-person training sessions to understand the perceived usefulness of the most time-intensive portion of the program.

Furthermore, changes in Emerging Leaders' knowledge, skills, and attitudes about their own leadership capabilities were assessed by participant self-assessments at baseline and then at the close of the program. Their nominators were also surveyed at baseline and follow-up using similar questions about the Emerging Leaders' leadership capabilities. In 3 cases, the individual nominator completing the follow-up survey differed from the person who completed the baseline survey, because of changes in personnel at those practices. A copy of the assessment instrument in included as Appendix 1.

Finally, 15 of 19 Emerging Leaders program participants completed a telephone-based exit interview. During these 1-hour, semistructured interviews, the participants were asked to describe whether and how their job roles and/or tasks had changed over the course of the year and to reflect on the program as a whole. Detailed notes and quotations were taken and reviewed for emergent themes.

The Group Health institutional review board reviewed this project and deemed it exempt.

Emerging Leaders program design and implementation

In an effort to select an interdisciplinary and diverse cohort of promising leaders, each LEAP site was offered the opportunity to nominate a staff person to participate in the program. The goal was to select a group of promising individuals who together represented roles across the care team. The nomination process ensured potential participants had the full support of leaders within their organization to grow and develop.

Nominees had to be actively involved in delivering patient care activities in a LEAP practice. Those activities could include visit support (eg, rooming patients, entering data in the electronic medical record, patient counseling), as well as patient reception (front desk), patient follow-up and outreach, care or population management, quality improvement, or referral coordination.

Qualified individuals also had to meet the following criteria:

- Be early to mid-career and planning to continue working in health care;
- Be actively involved, especially in a leadership capacity, in a practice improvement initiative;
- Have the support of practice leadership; and
- Demonstrate potential for assuming leadership.

A copy of the Call for Nominations is attached as Appendix 2. One nominee from each of 19 sites was submitted, and all were accepted into the program.

A 5-component Emerging Leaders program was developed to create opportunities for the Emerging Leaders to reflect on and develop their own leadership capabilities and to learn about cutting-edge issues in primary care from leading experts in the field. Participants applied what they learned to their current practice context, received mentorship in problem solving, and cultivated public speaking skills. Details about the goals, methods, and content for each of the 5 components of the Emerging Leaders program are described in Table 1.

On average, program participants spent about 1 hour per week in training-related

Table 1. Emerging Leaders 5-Component Program, Methods, and Content

Component Goal	Method	Content Covered
Reflect on and develop personal leadership capabilities	Two in-person, daylong training events and 2 individual executive coaching calls focusing on leadership skills offered by the Daniel Hanley Center for Health Leadership.	Self-awareness and personal integrity; Interpersonal communications and emotional intelligence; Teamwork and collaboration; Creating and conveying a compelling vision; Personal presence and persuasion
Learn about the current state and future of primary care from national experts	A webinar series with leaders of primary care tackling content areas of import to Emerging Leaders in primary care.	Building blocks of high-performing primary care; Primary care citizenship: Assuring whole person care and acting as a community resource; What does an organization have to do to continually improve? Lessons in measurement, process improvement, and culture; How do we best care for the chronically ill; The Affordable Care Act, health policy and primary care
Apply lessons learned to the practice context and practice collaboration in interdisciplinary teams	Five interdisciplinary team-lead webinars enabled participants to apply what they learned in the expert webinars to their practice; practice facilitating discussion among the diverse Emerging Leaders cohort; and practice presentation development skills.	Matched the content sequence discussed above.
Problem-solve current challenges through one-on-one mentorship	Emerging Leaders had open access to, and in some cases regular meetings with, senior leaders in health care. Emerging Leaders were matched to the mentor they most closely mirrored in their training and skills.	Topics presented by Emerging Leaders program participants
Practice public speaking and presentation skills	The Emerging Leaders collaborated to develop and lead a 3-h "Learning Lab" session at the Institute for Healthcare Improvement's Annual International Summit on Improving Patient Care in the Office Practice and the Community in Washington, District of Columbia. Additional public speaking coaching was made available for interested participants.	Innovations in team-based care

activities over the course of the year. Funding was available to support their travel and to backfill their time spent away from clinical activities. Leadership commitment to set time aside for their active participation was a requirement of nomination.

RESULTS

Program participation

The LEAP Emerging Leaders cohort included 4 primary care providers, 4 RNs, 6 MAs, and 5 administrators including project managers, quality improvement representatives, and front desk staff.

Table 2 shows the rates of participation for each of the components of the Emerging Leaders program. The participation rates varied from 61.1% to 100% across the 5 training components. The least well-attended component was the expert webinars. These didactic presentations occurred during the regular clinic workday and were recorded for future viewing, as all of the Emerging Leaders were frontline care providers by design. We do not have information about how many participants watched recorded webinars at a later time.

The most well-attended components were the in-person trainings, which took place in Seattle, Washington, and Washington, District of Columbia; the team presentations in which small groups of Emerging Leaders collaborated to apply the material learned from the expert webinars to their practice settings; and attendance at and participation in the planning and delivery of the Institute for Healthcare Improvement (IHI) session on innovations in team-based care.

In the survey evaluation of the in-person training sessions, 100% of participants "strongly agreed" that they were worthwhile (on a 5-point Likert scale). These learning sessions were highly interactive and focused on developing self-awareness, perspective taking, and self-care. Several participants emphasized the value of the peer-to-peer aspect of the in-person learning opportunity. One participant with an administrative role said, "This program has given me exposure to so many other health systems and how they are functioning. It has opened my eyes to the potential in health care."

Similarly, 100% of Emerging Leaders worked with their peers to participate in leading a webinar. Six leaders went on to request additional training on presentation and public speaking skills. One Emerging Leader, an MA, noted, "The Emerging Leaders program brought me out of my shell and gave me the confidence to engage in discussions concerning changes to improve patient care."

The mentorship component was highly valued by participants who had regular interactions with their mentors. As one participant, an RN, explained, "The mentoring calls were fantastic. I think [mentor] kept me sane. He was helping me deal with a particularly difficult personality, so those calls were very, very helpful."

Table 2. Measures of Participation of the Emerging Leaders in the 5-Component Program

Component	Activity	Participation (N =19)	Participation %
1	In-person training session 1	18	94.7%
	In-person training session 2	19	100%
	Executive coaching	14	73.7%
2	Webinars viewed live (average across all 5)	11	61.1%
3	Team presentations	19	100%
4	Mentorship	17	89.5%
5	IHI session/planning	19/17	100%/89.5%

Abbreviation: IHI, Institute for Healthcare Improvement.

All 19 of the Emerging Leaders attended the IHI conference, and 17 participated in planning and presenting the Learning Lab session. More than 200 conference attendees attended the session led by the Emerging Leaders. Of the 69 session attendees who filled out an evaluation form, 97% said they were "satisfied" or "very satisfied" with the presentation.

Knowledge, skills, and attitudes

The Figure shows the baseline and follow-up results of the 11-item survey administered to both the participating Emerging Leaders and their nominators assessing the knowledge, skills, and attitudes of the Emerging Leaders as it relates to leadership in the practice setting.

Across all 11 items, the Emerging Leaders scored themselves higher after the program than at baseline. In 7 of 11 cases, their nominators agreed. Items where both the nominators and the Emerging Leaders noted the greatest rates of improvement included the following: "... is comfortable dealing with sensitive and controversial issues and guiding colleagues/teams toward mutually satisfactory outcomes"; "... has the ability to look beyond day-to-day challenges in my work setting and describe a 'better tomorrow'"; and "... can clearly describe and demonstrate to my colleagues and others how our collective work is moving toward achievement of the Triple Aim." Areas where there was the greatest disagreement was as follows: "... believe that the people with whom I/my nominee work most closely would say that I/my nominee communicate clearly and consistently in a way that enables them to move forward" and "... believe the people with whom I/my nominee work most closely would describe me/my nominee as collaborative and effective as we work together to achieve shared goals."

Job opportunities and career development

Of the 15 participants who completed the phone-based exit interview, 2 were promoted within their organization, 3 pursued a new job with more responsibility at another organization, and 1 went back to graduate school during the 12-month initiative (Table 3).

Several noted that participation in the Emerging Leaders program was a factor in achieving their new position. The following quote is from an RN participant who went on to pursue a new opportunity at another organization after her participation:

Over the course of the year, my participation in the Emerging Leaders program has given me a lot

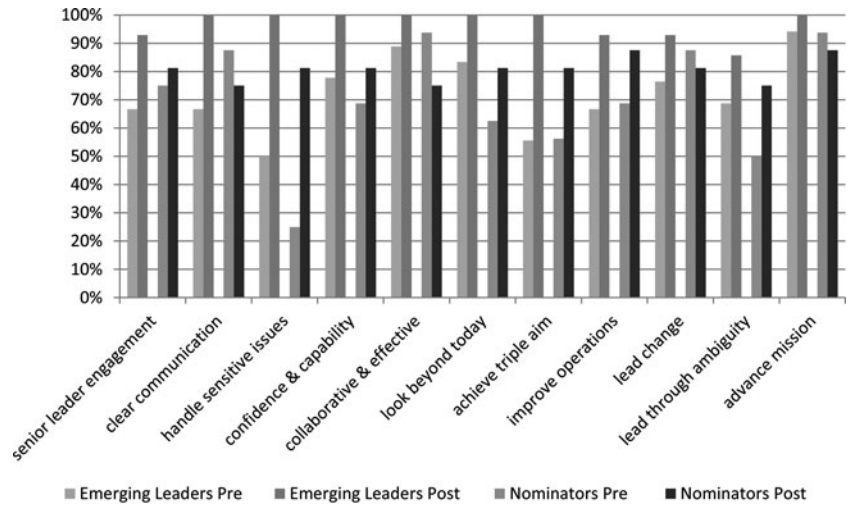

Figure. Pre/postprogram results from the survey administered to nominators and Emerging Leaders: Percent who agree or strongly agree on a 5-point Likert scale.

Table 3. Job Transitions, Scope Changes, and Opportunities During 12-Month Program

	Total (N = 15)[a]
Changed jobs during program	
New organization	3
Promotion	2
Graduate school	1
Same job title, increase in scope of work	4
Same job title, same general scope, more opportunities to present or practice leadership skills	3
No change in job title or scope of work or opportunities	2

[a]Based on 15 of the 19 Emerging Leaders who completed an exit interview.

of confidence. The leadership training made me learn a lot about myself—how to be an effective leader, how to utilize my experience and education. I thought I had no chance of ever getting this [new] job. [New employer, a large health plan] liked that I was in the program, how I was networking with [national experts]. The scope of my work has completely changed—it has grown and gone in the direction that I wanted it to. I didn't even know this kind of work existed! I'll be working in consulting, working with the c-suite and providers, helping them use models and transform into accountable care organizations. I'm very, very excited to have this impact.

Of the 9 who did not change jobs, 78% said they had been working on a broader scope of practice or were given more opportunities to present and practice leadership skills. Four said the scope of their current job was expanded to include activities such as supervision, special projects, and involvement in strategic decision-making. One of those 4 pursued state certification for her MA job. During her exit interview, the participant noted the Emerging Leaders program "brought me out of my shell a little bit." About her confidence sharing new ideas, she says, "Instead of saying it in my head, I speak out . . . . The program has had a role in that, to help me blossom in my career and as a person."

Three of the 9 who did not change jobs said the scope of their work was relatively unchanged, but they had more opportunity within their organization to present at team meetings or to get involved in external projects. Two of the 15 said their job responsibilities, scope, or title did not change.

DISCUSSION

Overall, the Emerging Leaders program was well-attended and well-received by the Emerging Leaders and their nominators. A pre/postprogram survey administered to the Emerging Leaders and their nominators in most cases showed agreement that program participants demonstrated greater confidence, capabilities/skills, and knowledge at the end of the program. However, this was not the case with every element and every participant. On 4 elements, nominators' scores declined. This could be due to staff members taking on new roles or experimenting with communication and leadership where they were not always successful. It could also be due to a 2-person change in the cohort of nominators from baseline to follow-up who may have a different relationship to and sense of the skills of the Emerging Leaders. Program participants highly valued interdisciplinary, peer-to-peer interaction and made the effort to attend trainings despite the travel and cost associated with time away from the clinics. Forty percent of participants received promotions or new jobs by the end of the 1-year program.

Working in a successful team care environment requires a shift away from traditional medical hierarchy and toward shared responsibility for patient care. The first program

of its kind to be described in the literature, the LEAP Emerging Leaders program could serve as a model, particularly to large organizations and large-scale practice transformation initiatives interested in high-performing, team-based care and the cultural changes required to make it a reality.

The Emerging Leaders program indicates that leadership training does not have to be an expensive or long-term commitment to be useful for participants and can be flexibly deployed within a practice setting. The Emerging Leaders program reimbursed participating practices $4145 to support backfill for staff to participate in the training and to cover travel expenses. Large health care organizations and state-based transformation efforts interested in pursuing team-based care may find untapped potential by broadening opportunities for growth and development beyond the c-suite, intentionally identifying high-potential frontline staff and equipping them with the leadership, communication, and problem-solving skills that can build their confidence and capabilities. Practice costs, especially for travel and time out of the office, may be lower for state- or organization-based training efforts.

The Emerging Leaders program has implications for retaining high-quality staff, which is important for team-based primary care. Providing staff with opportunities for growth, including this kind of leadership development, may help prevent turnover. Many of the Emerging Leaders availed themselves of internal promotions that leveraged their skills and enthusiasm. Developing career ladders for MAs, RNs, and others who are critical to redefining care team roles is one way to create opportunities for upward mobility while strengthening team-based care. Offering a program such as Emerging Leaders including its public speaking coaching, mentorship, and peer-to-peer learning can build capacity within and across organizations interested in team care. Large-scale quality improvement efforts need articulate and persuasive speakers to act as spokespeople to spread the learnings and challenges of implementing team-based care.

The Emerging Leaders program created a learning environment to benefit promising frontline staff and providers with a diversity of education and skills: from MAs to quality improvement staff to physicians. This interdisciplinary approach was well-attended and received by participants, perhaps, in part, because it represents the kind of team-based problem-solving that characterizes high-quality, modern health care delivery. If we are to solve the pressing problems of affordable, quality primary care in this changing landscape, we must invest in leadership training and skill development that supports interdisciplinary team-based care delivery right where it happens.

REFERENCES

Bodenheimer, T., Ghorob, A., Willard-Grace, R., & Grumbach, K. (2014). The 10 building blocks of high-performing primary care. *Annals of Family Medicine*, *12*(2), 166–171. doi:10.1370/afm.1616

Bodenheimer, T., & Mason, D. (2017). *Registered nurses: Partners in transforming primary care*. Proceedings of a conference sponsored by the Josiah Macy Jr. Foundation, New York, NY.

Bodenheimer, T. S., & Smith, M. D. (2013). Primary care: Proposed solutions to the physician shortage without training more physicians. *Health Affairs*, *32*(11), 1881–1886. doi:10.1377/hlthaff.2013.0234

Cronholm, P. F., Shea, J. A., Werner, R. M., Miller-Day, M., Tufano, J., Crabtree, B. F., & Gabbay, R. (2013). The patient centered medical home: Mental models and practice culture driving the transformation process. *Journal of General Internal Medicine*, *28*(9), 1195–1201. doi:10.1007/s11606-013-2415-3

Ghorob, A., & Bodenheimer, T. (2012). Share the Care™: Building teams in primary care practices. *Journal of the American Board of Family Medicine*, *25*(2), 143–145. doi:10.3122/jabfm.2012.02.120007

Ghorob, A., & Bodenheimer, T. (2015). Building teams in primary care: A practical guide. *Families, Systems, & Health*, *33*(3), 182–192. doi:10.1037/fsh0000120

Jackson, C. L., Nicholson, C., Davidson, B., & McGuire, T. (2006). Training the primary care team—A successful interprofessional education initiative. *Australian Family Physician*, *35*(10), 829–822.

Ladden, M. D., Bodenheimer, T., Fishman, N. W., Flinter, M., Hsu, C., Parchman, M., & Wagner, E. H. (2013). The emerging primary care workforce: Preliminary observations from the primary care team: Learning from effective ambulatory practices project. *Academic Medicine*, *88*(12), 1830–1834. doi:10.1097/ACM.0000000000000027

Mulvale, G., Embrett, M., & Razavi, S. D. (2016). "Gearing Up" to improve interprofessional collaboration in primary care: A systematic review and conceptual framework. *BMC Family Practice*, *17*, 83. doi:10.1186/s12875-016-0492-1

Nelson, K., Pitaro, M., Tzellas, A., & Lum, A. (2010). Transforming the role of medical assistants in chronic disease management. *Health Affairs*, *29*(5), 963–965. doi:10.1377/hlthaff.2010.0129

Nutting, P. A., Crabtree, B. F., & McDaniel, R. R. (2012). Small primary care practices face four hurdles—including a physician-centric mind-set—in becoming medical homes. *Health Affairs*, *31*(11), 2417–2422. doi:10.1377/hlthaff.2011.0974

Peterson Center on Health Care & Stanford Medicine Clinical Excellence Research Center. (2014). *America's most valuable care: Primary care*. Retrieved from http://med.stanford.edu/content/dam/sm/cerc/documents/2014-1203FINALMostValuableCare-PrimaryCareOverview.pdf

Roth, L. M., & Markova, T. (2012). Essentials for great teams: Trust, diversity, communication . . . and joy. *Journal of the American Board of Family Medicine*, *25*(2), 146–148. doi:10.3122/jabfm.2012.02.110330

Safford, B. H, & Manning, C. (2012). Six characteristics of effective practice teams. *Family Practice Management*, *19*(3), 26–30.

Schottenfeld, L., Petersen, D., Peikes, D., Ricciardi, R., Burak, H., McNellis, R., & Genevro, J. (2016). *Creating patient-centered team-based primary care* (Pub. No. 16-0002-EF). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care#tocIntro

Shojania, K. G., Ranji, S. R., McDonald, K. M., Grimshaw, J. M., Sundaram, V., Rushakoff, R. J., & Owens, D. K. (2006). Effects of quality improvement strategies for type 2 diabetes on glycemic control: A meta-regression analysis. *JAMA*, *296*(4), 427–440. doi:10.1001/jama.296.4.427

Wagner, E. H., Coleman, K., Reid, R. J., Phillips, K., & Sugarman, J. R. (2012). *Guiding transformation: How medical practices can become patient-centered medical homes*. New York, NY: The Commonwealth Fund. Retrieved from http://www.commonwealthfund.org/publications/fund-reports/2012/feb/guiding-transformation

Wagner, E. H., Flinter, M., Hsu, C., Cromp, D., Austin, B. T., Etz, R., . . . Ladden, M. D. (2017). Effective team-based primary care: Observations from innovative practices. *BMC Family Practice*, *18*(1), 13. doi:10.1186/s12875-017-0590-8

Willard-Grace, R., Hessler, D., Rogers, E., Dubé, K., Bodenheimer, T., & Grumbach, K. (2014). Team structure and culture are associated with lower burnout in primary care. *Journal of the American Board of Family Medicine*, *27*(2), 229–238. doi:10.3122/jabfm.2014.02.130215

Appendix 1. Pre/Postprogram Survey Administered to Nominators and Emerging Leaders

Please note the wording was altered slightly to "my nominee is" instead of "I am" for the nominator survey. Otherwise, the wording of the questions remained the same.

Questionnaire

(Note that each of the 10 questions below is followed by a request for you to briefly describe how we can help you further develop as a leader. Please feel free to share any ideas you have about how we might do that in the upcoming workshop.)

Q1. I am confident, capable, and effective when I propose process and care improvements to more senior people where I work.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q2. I believe that the people with whom I work most closely would say that I communicate clearly and consistently in a way that enables them to move forward.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q3. I am comfortable dealing with sensitive and controversial issues and guiding colleagues/teams toward mutually satisfactory outcomes.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

(*continues*)

Appendix 1. Pre/Postprogram Survey Administered to Nominators and Emerging Leaders (*Continued*)

Q4. I am confident, capable, and effective in leading the people I work with.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q5. I believe the people with whom I work most closely would describe me as collaborative and effective as we work together to achieve shared goals.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q6. I have the ability to look beyond day-to-day challenges in my work setting and describe a "better tomorrow."

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q7. I can clearly describe and demonstrate to my colleagues and others how our collective work is moving toward achievement of the Triple Aim.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

(*continues*)

Appendix 1. Pre/Postprogram Survey Administered to Nominators and Emerging Leaders (*Continued*)

Q8. I have the confidence and ability to engage others in changes that will result in more effective and efficient clinical operations and outcomes.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q9. I effectively harness my own passion and commitment to lead change where I work.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Q10. I have the confidence and ability to lead colleagues in situations where requirements and outcomes are ambiguous.

Strongly Agree — Strongly Disagree

1 2 3 4 5

The Emerging Leaders course could help me build my skills, understanding, and confidence by:

_____

_____

_____

Appendix 2. Emerging Leaders Call for Nominations

Emerging Leaders: A mentorship and professional development opportunity for early and mid-career clinical leaders from exceptional primary care practices

Call for Nominations | Due

Program Description & Goals

Recognizing the increasing importance of team-based primary care for the effective and efficient delivery of care, the Emerging Leaders program aims to accelerate the development of talented primary care staff who can positively impact their practice organizations and serve as spokespeople and exemplars for others in similar roles.

The overall goals of this 12-month program are to provide leadership development, mentoring, and support for selected primary care staff members from The Primary Care Teams—Learning from Effective Ambulatory Practices (LEAP) sites so that they can become:

- Effective leaders and drivers of change in their own organizations and communities;
- Resources for other primary care sites; and
- Local and national role models who can help others in their job category expand their capabilities and roles and envision a more interesting and rewarding health care career.

Eligible Nominees

Eligible nominees are patient care staff who are actively involved in delivering patient care in a LEAP practice. We would prefer that nominees work in practice sites visited by LEAP site visitors. Patient care activities include visit support (eg, rooming patients, entering data in the electronic medical record, patient counseling), as well as patient reception (front desk), patient follow-up and outreach, care or population management, quality improvement, or referral coordination.

Qualified individuals must:

- Be early to mid-career and planning to continue working in health care;
- Be actively involved, especially in a leadership capacity, in a practice improvement initiative;
- Have the support of practice leadership; and
- Demonstrate potential for assuming leadership.

Emerging Leaders Program Structure

The core content of the Emerging Leaders program will be 2 in-person trainings in leadership and management and 6 virtual classes led by national experts on essential topics for primary care leadership and transformation. The in-person trainings will be led by a nationally recognized trainer in health leadership, communications, and media relations and will occur in conjunction with the LEAP meeting in Seattle, Washington, and again in conjunction with the Institute for Healthcare Improvement's (IHI) International Summit on Improving Patient Care in the Office Practice & the Community in Washington, District of Columbia.

(*continues*)

Appendix 2. Emerging Leaders Call for Nominations (*Continued*)

Every other month, a national expert in primary care will conduct an hour-and-half-long "class" by interactive webinar for the Emerging Leaders cohort. Examples include Thomas Bodenheimer, MD, MPH, discussing teams and Ed Wagner, MD, MPH, discussing chronic illness management. Emerging Leaders will lead discussion forums in the intervening months to apply lessons earned in the classes to their quality improvement work in the health center/practice. Emerging Leaders will also be linked with national experts in the field for formal mentorship throughout the year and may have the opportunity to present during the IHI Summit in Washington, District of Columbia.

Funding

Sites hosting selected Emerging Leaders participants would receive a $4145 stipend to support time spent on program activities during the working day and travel to the IHI Summit in Washington, District of Columbia.

The Emerging Leaders program will officially launch at the LEAP meeting in Seattle, Washington. Selected Emerging Leaders will be expected to attend that meeting as one of the cohort traveling from each site whose travel is paid for through the LEAP stipend. Emerging Leaders should plan to stay one additional night in Seattle to participate in a Saturday leadership workshop. Those expenses will be covered out of the Emerging Leaders stipend.

Nomination Guidelines

Nominations are due by close of business xx. A maximum of 1 nomination per organization will be accepted. Nominations should be e-mailed to xx at xx. No additional supporting material will be reviewed. Please adhere to the suggested word limits.

Selection Criteria

Fifteen staff members will be selected to participate in the yearlong Emerging Leaders program. Applications will be reviewed by a subcommittee of the LEAP National Advisory Committee, which will oversee the program, and by the National Program Office staff. Efforts will be made to ensure representation by roles, sociodemographic characteristics, training, practice organizational type, and geography. Selected participants will be notified via e-mail by xx.

Emerging Leaders Nomination Form

Name and e-mail address of the nominee, degree and or certification (if any), and current role(s) in the practice.

Please describe why this person is uniquely poised to serve as a primary care leader in your organization and community. (250 words max)

Please describe a current practice improvement initiative the nominee is participating in, what his or her role is in that initiative, and what data are being gathered to measure progress. (250 words max)

Please assure the following by checking the following boxes:

[] I have talked to the nominee about this opportunity, and he or she has agreed to participate if selected.

[] I understand that participation in this program involves traveling for 2 conferences as well as monthly webinars, mentorship, and teamwork. The organization will ensure that the nominee can take time away from clinical duties to fully participate.

Organizational Leader: _____

Signature: _____ Date: _____