

Advisory Board Fellowship

Practicum Project Case Studies

What is the Practicum Project?

The Practicum Project is an opportunity for participants to lead a high-visibility, self-designed project that uses the lessons and insights learned throughout the Advisory Board Fellowship. This project allows participants to make a lasting impact at their organization.

Through the Practicum Project, participants will:

- Advance key organizational priorities to help achieve tangible results and value
- Apply the advanced leadership concepts learned to be able to become adept at surfacing and navigating the adaptive challenges that typically mark the difference between triumph and failure
- Build strong, lasting relationships that are cross-enterprise and cross-industry



Ideally, your Practicum
Project is a key priority
that is part of your
everyday workflow. The
Practicum Project is not
meant to create additional
work for participants.



Why is the Practicum Project important?



The Practicum Project is the most visible result of the Advisory Board Fellowship experience and is the final deliverable. It is important for participants to use this chance to show their leadership skills and the unique value they bring to their organization.



It gives participants a chance to present their work to senior leaders in their organization and to their cohort. The most successful presentations will display excellent, impactful work that will result in tangible progress or new ideas.

Lung cancer screening



Non-profit cancer treatment center

How policies, activation, and awareness are saving lives

Challenge: Increase care access to new patients with thoracic malignancies

 Lung cancer is the deadliest cancer in the U.S., but screening rates remain low. Patients are unaware of the screening exam, unable to access screenings, struggle to cover out-of-pocket costs, and fear the diagnosis.

- Almost half of lung cancer screenings are diagnosed in advanced stages, when five-year survival rate is lowest.
- AB Fellow charged with increasing lung cancer screening volumes at their health system, and reaching new patients to contribute to the prevention and cure of cancer.

How policies, activation, and awareness are saving lives

Adaptive leadership moves

01

Get on the balcony: Take in differing perspectives of patients, providers, administrative leaders. Understand and account for deeply held beliefs that keep patients from seeking screening.

02

Hold polarities: Engage stakeholders in the delicate balance of increasing patient screening volumes while pursuing a mission to eradicate the disease (and thus eliminate need).

03

Practice a systems perspective: Look beyond the health system. Collaborate with national associations, cancer centers to author policy change that can impact national screening rates.

Impact: Increased patients, screening volumes, and lives saved

- Leveraged the distributed model of care to expand geographic reach and increase new patient volumes.
- Redefined the thoracic oncology program's value proposition to garner trust with patients and referring physicians.
- AB Fellow outlined policy changes needed to increase lung cancer screenings which led to a congressional briefing in D.C.

11%

increase in new patients in two years

67%

increase in lung cancer screening volume in two years



Lowering medication costs for employer health plans



Large hospital system in the Southeast

Improve access, lower costs for employer health plans

Challenge: Contain costs of medications

- System was experiencing increased pressure for cost savings and needed to explore cost-saving measures.
- AB Fellow (ED of pharmacy) identified opportunity to expand the use of 340B* pricing to high-risk, high-cost medications on the system health plan.
- Most high-risk, high-cost medications prescribed to employees and dependents in this system's health plan are not eligible for 340B pricing based on traditional 340B patient definition.
- Historical hesitation to utilize 340B for fear of regulatory challenges.

Improve access, lower costs for employer health plans

Adaptive leadership moves

01

Leading through influence rather than authority: Convince provider leadership that a pharmacist-run medication management clinic provides patient benefit — many believe a pharmacist visit is unnecessary and duplicative to a provider visit.

02

Change employee mindsets: Partner with PR team to design educational materials that overcome the stigma associated with 340B to ensure utilization.

Impact: Established MyRxPlus

- First pharmacist run medication management clinic at health system.
- 60 days post-launch:
 - 182 patients enrolled in MyRxPlus.
 - 149 patient visits completed.
 - 149 prescriptions qualified and dispensed using 340B pricing.
- Cost savings used to: shortfalls in Medicare/Medicaid and community health improvement services.

\$225K

In direct cost savings

Becoming one team



Large health network in the North

Break down silos, strengthen culture, and drive revenue

Challenge: Re-establish trust to capture increased revenue

 Network reorganization brought two teams together — Clinical Documentation and Coding Integrity — with a challenging history and damaged relationship that festered for years.

- Due to lack of collaboration and trust between the teams, Financial Case Mix Index performance was well below 50th percentile, resulting in millions of dollars in potential revenue loss.
- AB Fellow charged with leading these teams through this transition and resetting culture.

Break down silos, strengthen culture, & drive revenue

Adaptive leadership moves

01

Identify and address lingering culture blocks: Make difficult decisions to let go of talented staff who were contributing to the toxic, siloed culture.

02

Challenge and reframe team identity: Identify siloed processes that were blocking productivity. Address where teams were too stuck in role identity (e.g., coder, documentation specialist) and feelings of superiority (in-group v. out-group). Help teams shift from individual to team mindset.

Impact: Unified, productive team

- Reached and maintained 75th percentile CMI performance (25 percentage point increase)
- Established open dialogue to ensure steady workflow among clinicians and coders allowing the patient information to be processed in a timely manner.
- Created a culture committed to collaboration that resulted in improved communication and data accuracy, thus directly affecting patient reported outcomes.

\$30M

Increase in incremental revenue annually



Restructuring a nursing care model



Large health network in the North

To improve patient experience and employee engagement

Challenge: Critical need for flexible & engaged nursing staff post-pandemic

 The staffing of nurse units remains challenging since the pandemic due to an inability to fully staff units and the increased use of agency RNs.

- Without proper resourcing, the nurse unit was at high-risk for burnout and turnover.
 The wants and needs of the unit were constantly shifting, requiring greater flexibility.
- AB Fellow charged with spearheading a creative solution to address the suboptimal and unsustainable RN staffing conditions.

Break down silos, strengthen culture, & drive revenue

Adaptive leadership moves

01

Lead through influence rather than authority: Encourage all staff to communicate, ask hard questions, and take ownership of new staffing model to create a strong sense of trust and shared purpose.

02

Lead with a lens of creativity, and not from a reactionary place: Rather than defaulting to technical solutions like buying nurses out or one-size-fits-all retention strategies. Continuously orient to shared purpose, create space for innovation, and account for inherent loss.

Impact: Unified, productive team

- Successfully led a team of core staff RNs through the integration of LPNs into the staffing matrix embracing a team-based care model.
- The new team-based care model helped build internal flexibility, offload RN workload, increase throughput, improve patient experience, and increase staff engagement.
- Created a path to support safe, effective staffing by actively engaging nurse staff in the creation and implementation of new team-based care model.

69%

increase in employee engagement in six months

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