



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 to surface and navigate 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 addresses a priority area you're already tackling in your everyday workflow.

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.

Source: Unless otherwise noted, all information below was drawn from Practicum Projects from previous Advisory Board Fellowship cohorts.

Improve access and lower medication costs for employer health plan

CHALLENGE

Contain costs of medications

- System was experiencing increased pressure to decrease spending and needed to explore cost-saving measures.
- Advisory Board 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 the traditional 340B patient definition.
- There was historical hesitation to utilize 340B for fear of regulatory challenges.

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 Public Relations 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

\$225K in direct cost savings

Cost savings used to fund:

- Shortfalls in Medicare/Medicaid
- Community health improvement services

Becoming one team: Breaking down silos, strengthening culture, and driving revenue

CHALLENGE

Reestablish 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.
- Advisory Board fellow charged with leading these teams through this transition and resetting culture.

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 vs. 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

Restructure nursing care model to improve patient experience and employee engagement

CHALLENGE

Address the critical need for a more flexible and engaged nursing workforce 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.
- Advisory Board fellow charged with spearheading a creative solution to address the suboptimal and unsustainable RN staffing conditions.

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. Instead of 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

Lung cancer screening: 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 the five-year survival rate is lowest.
- Advisory Board 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.

ADAPTIVE LEADERSHIP MOVES

- 01** **Expand your perspective.** 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 the need).
- 03** **Practice a systems perspective.** Look beyond the health system. Collaborate with national associations and 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.
- Advisory Board fellow outlined policy changes needed to increase lung cancer screenings which led to a congressional briefing in Washington, D.C.

11% increase in new patients in two years

67% increase in lung cancer screening volume in two years

Expanding COVID-19 PCR testing to meet patient demand

CHALLENGE

Increase COVID-19 Polymerase Chain Reaction (PCR) testing to meet the market demand

- There was a need to expand access for COVID-19 PCR testing for patients, who were limited on options on where and when to go for testing.
- Many providers felt overwhelmed, which impacted their delivery of other types of routine visits.
- Growing concerns arose from medical and operations leaders to allow symptomatic patients into Patient Service Centers (PSC).
- Advisory Board fellow recognized the need to maintain engagement on messaging with senior leadership.

ADAPTIVE LEADERSHIP MOVES

01 → **Created and lead a multi-function enterprise team.** The team defined and executed a strategy focused on increasing the PSC footprint, supporting symptomatic patient collection, and expand pharmacy partnerships. Continued to reiterate messaging on base growth and lower costs via consolidation.

02 → **Listened to concerns while aligning with purpose.** Advisory Board fellow addressed leadership concerns while aligning with purpose. Realized consistency was a critical part of keeping leadership team engaged.

IMPACT

Ensured high-quality, reliable, and accessible COVID-19 PCR testing

- Saw a 64% increase on number of PSCs
- Patients now had more accessibility to PCR testing that fit their needs
- Rolled out stronger safety guidelines and processes for symptomatic patients coming in

\$1.4B in revenue generated

Advocating the medical necessity of key women's health tests to health plans

CHALLENGE

Clinicians and health plans had different views on women's health testing needs

- Health plans increasingly denied molecular testing claims, categorizing them as investigational and experimental.
- Clinicians viewed molecular testing as crucial for accurate diagnostic work-ups which resulted in a high volume of tests ordered.
- Health plans denied over 50% of claims, resulting in financial burden for patients while frustrating clinicians. This impacted their relationship and had financial implications.

ADAPTIVE LEADERSHIP MOVES

01 →

Multidisciplinary team creation.

Advisory Board fellow created and led a multidisciplinary team after traditional strategies failed to gain coverage for women's health tests. Found a balance between prioritizing customers and their health plans, while also addressing any concerns about the appeals process.

02 →

Embraced a broader perspective.

Advisory Board fellow acknowledged that these were highly technical and complex areas of healthcare. Recognized team needed reassurance and support. Built trust in the billing, health plan, and medical space.

IMPACT

Increased women's health tests improved well-being and reduced frustration for clinicians and health plans

- Over 113,000 claims have been appealed since March 2022, and out of those, 22,000 were successfully overturned and paid.
- The biggest deniers have changed their policies and are now approving more claims.
- Covered lives increased from 33% to 65%.

96% Increase of covered lives

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