Transforming the Health Care Field

Findings from the California Health Care Foundation
Health Care Leadership Program Evaluation

NOVEMBER 2019

Prepared for
California Health
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Prepared by
Informing Change

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Table of Contents

Acknowledgments

About the California Health Care Foundation

Based in Oakland, California, the California Health Care Foundation is an independent philanthropy dedicated to advancing meaningful, measurable improvements in the ways the health care delivery system provides care to the people of California. CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford. For more information, visit www.chcf.org.

About the Healthforce Center at UCSF

Founded in 1992, the Healthforce Center at UCSF believes that human capital is one of the most important elements in health care. Their mission is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change. The Healthforce Center runs several leadership programs and conducts and publishes research on health care workforce issues. For more information, visit healthforce.ucsf.edu.

About Informing Change

As a strategic learning firm, we partner with our clients—nonprofits and the philanthropic organizations that fund them—to develop their strategy and understand their impact. With a commitment to continuous learning and growth, we draw on our diverse content knowledge and deep research and evaluation skills to identify, collect, analyze and share information with our clients. Whether we are conducting an evaluation, building organizational capacity or researching a field, we work to share knowledge with organizations so they can make informed decisions about the ways they support and lift up their communities. To find out more about Informing Change and our services, visit www.informingchange.com.

Cover Photo: "Cohort 13 Participants at their Graduation Ceremony," by Healthforce at UCSF, September 2015

Executive Summary

To help California clinicians acquire and effectively deploy the leadership skills needed to address the state's complex health care challenges, the CHCF Health Care Leadership Program (the Program) was created in 2001. It is a joint venture of the California Health Care Foundation and the Healthforce Center at the University of California, San Francisco. The Program consists of a two-year fellowship—which admits 32 new Fellows each year—and an active Alumni Network that has grown to 507 graduates to date.

The Program's purpose is to enable clinicians to serve as change agents in shaping more effective and responsive health care in their own organizations and in the broader health care field. Through the Alumni Network, it supports innovation and collaboration in addressing the state's toughest health system challenges.

To ensure the effectiveness of the Program, it has been formally evaluated and refined several times. In 2019, CHCF engaged Informing Change to conduct a new evaluation to measure the extent to which Alumni have drawn on the skills, relationships, resources, and opportunities they acquired through the Program to effect change within their organizations and in the health care field. This Executive Summary offers highlights of the findings, which are based on interviews, focus groups, and surveys.

IMPACT ON FELLOWS' ORGANIZATIONS

Nearly all (95%) of the surveyed Alumni reported that they have led or directly influenced one or more changes within their organizations (Figure 1). Of those Alumni, 83% said the Program was "necessary" or "influential" to that positive change. Commonly described organizational changes:

Culture and relationships: Supporting changes in mindset and approaches to problem solving, communication within teams, and organizational values and principles.

Systems and processes: Making changes to promote more efficiency and effective service delivery by enhancing data systems, addressing workflow and staffing issues, and improving quality.

Figure 1. The Program influences changes Alumni make within their organizations.

Alumni Survey | n=148

Necessary — 33%
Influential — 50%
Useful — 17%

95%
of alumni

…have led or directly influenced change within their organizations.

Of those alumni, 83% said the Program was necessary or influential to the positive change they made in their organizations.

Access and engagement: Improving service access and use through integrating services, finding ways to increase affordability and access, and enhancing consumer engagement and patient satisfaction.
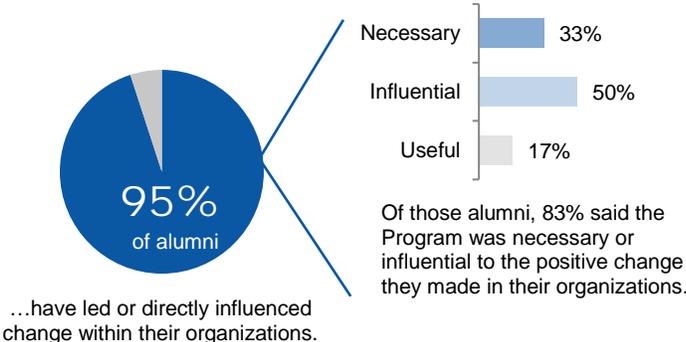
IMPACT ON THE HEALTH CARE FIELD

Four in five Alumni (82%) reported that they have led or directly influenced one or more changes in the broader health care sector (Figure 2). Of those Alumni, 82% said the Program was "necessary" or "influential" to the positive change. Commonly described field-level changes:

**Sustaining and strengthening partnerships and coalitions:** Establishing and maintaining new and effective relationships by leading coalitions; strengthening partnerships, networks, and teams; and launching collaborative programs and initiatives.

State and nationwide activism and influence: Addressing policy and advocacy dimensions of health care in health systems at all levels, leading state and nationwide campaigns, and improving knowledge sharing.

Scaling initiatives: Expanding and sustaining new initiatives and programs.

Figure 2. The Program influences changes Alumni make in the health care field.

Alumni Survey | n=147

82% of alumni

…have led or directly influenced change in the health care field.

Necessary	38%
Influential	44%
Useful	15%
Neutral	3%

Of those alumni, 82% said the Program was necessary or influential to the positive change they made in the health care field.
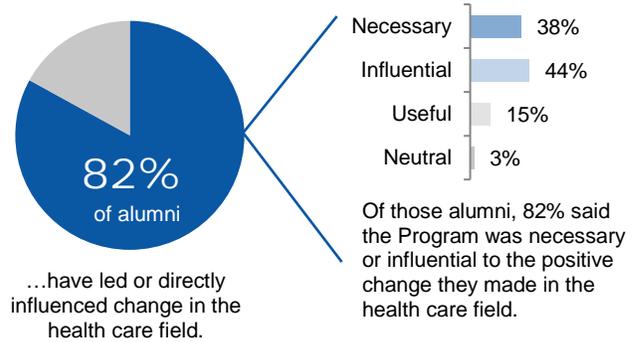
INFLUENCE ON FELLOWS

Alumni believe the Program significantly influenced changes across several domains including skill building and networking. Ninety-nine percent of Alumni said the Program "very much" or "somewhat" influenced their ability to be effective leaders. They pointed to four key areas in which they grew:

- Skills and competencies
- Confidence and motivation
- Relationships and interactions
- Career mobility and satisfaction

By simultaneously building participants' intellectual, social, and emotional resources, the Program leaves a lasting influence on their capacities to effect change. (See Figure 3.)

A large majority of Alumni (82%) reported increases in their professional authority (e.g., working with bigger budgets or teams, having greater reach/influence in a role) via a promotion or job change since their participation in the Program. For 85% of those who experienced a promotion or job change, the Program played a "necessary" or "influential" role in their career progression.

Figure 3. The Program influences Fellows' intellectual, social, and emotional resources.
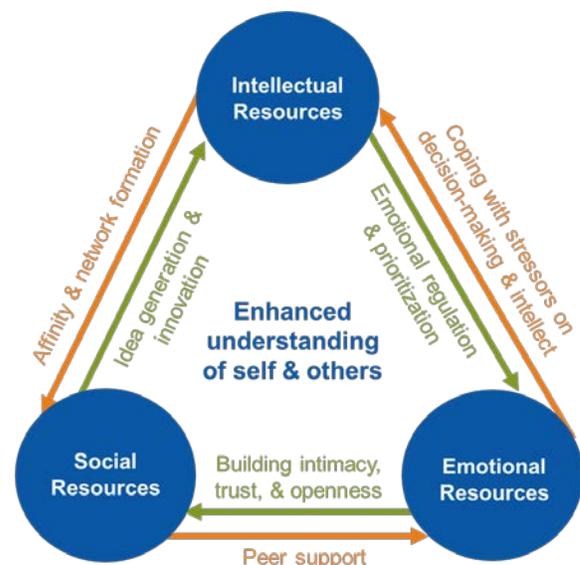
EXPANDING THE PROGRAM'S IMPACT

In addition to understanding the Program's impact, the evaluation explored potential strategic shifts to enhance future impact, with special attention paid to the Alumni Network, participant diversity, and synergies with CHCF's broader grantmaking work. Since Healthforce has a process for monitoring and continuously improving the quality of the two-year Fellowship, the evaluation did not collect data to inform refinement of the Fellowship itself (e.g., curriculum content, curriculum sequencing, faculty selection, etc.).

Engaging in the Alumni Network

Most Alumni value access to other Alumni in the Network and believe in their collective power to transform health care. Alumni view the Network as a trusted community of peers bonded by shared values, good work, and approaches to leadership. Participants, Alumni, agency sponsors, and field influencers alike praised the Network for its role in sustaining relationships critical to addressing some of the most pressing issues facing the field. Nearly all Alumni (90%) agree that the Network plays a role in transforming health care in California. Alumni who participate more frequently in the Network are more likely to perceive its benefits.

Alumni believe there is opportunity to further improve the Alumni Network communication channels and infrastructure. About 40% of surveyed Alumni do not believe that the current Network communication channels are serving the Network well, and of those who use the Network to connect with others, only one-third are satisfied with how they are currently able to find other Alumni. The research also pointed to the opportunity to tout the Alumni Network to participants before they become Alumni. Current participants felt in the dark about how they could—or should—engage with the Alumni Network upon completion of the Program.

Program Reach

Although cohort Fellows have been predominately White (55%), Program participation among Latino (13%) and Black (8%) providers is substantially higher than their representation among California physicians overall (5% and 3%, respectively).[1] The Program team continues to explore opportunities to train clinical leaders who reflect the demographics of the state's population.

There is significant opportunity to improve geographic diversity among Program participants. Forty-eight percent of Program Fellows and Alumni reside in the Bay Area, compared to 26% of California physicians overall, and representation in the Bay Area has increased over time.

Fellows & the Foundation

A goal of this assessment was to identify additional opportunities for CHCF to draw upon Alumni expertise across the Foundation's grantmaking and broader systems change work—and for CHCF to better connect to the Alumni—to achieve greater collective impact. The research found that Alumni skills and interests strongly align with CHCF priorities and the needs of the field. The four most salient issues identified were (1) addressing payment reform and health care financing; (2) expanding equitable access to comprehensive services; (3) improving workforce diversity and retention; and (4) creating and scaling technological innovations.

Given the broad areas of alignment, there is clearly potential for the Alumni Network and CHCF to work together more closely. Eighty-five percent of the 20 CHCF staff surveyed for this evaluation agreed that CHCF should work with the Alumni Network where there is synergy with Foundation priorities and strategies. One-third (35%) of CHCF staff said they would need a better understanding of how the Alumni Network could be useful to their work, which signals there is an opportunity to educate staff on the Leadership Program and Alumni Network at regular intervals to account for staff turnover.

A Leadership Program & Network for Clinicians

California's clinicians, with their unique understanding of care delivery, are well positioned to take the lead in identifying, testing, and spreading dynamic ways to improve health care in their organizations and throughout the state. To be effective, however, they require strong leadership, management, and health care business skills—which are often missing in clinical education programs. To fill this gap, the California Health Care Foundation (CHCF) and Healthforce Center at the University of California, San Francisco, created the CHCF Health Care Leadership Program (the Program).

The Program's aims are to increase the leadership capacity of clinicians to be change agents in working toward a more effective and responsive health care system in California, and to build organizational, regional, and statewide networks of clinical leaders who are well-poised to collaborate on the state's toughest health system challenges.

Underway since 2001, the Program includes a rigorous, part-time, two-year fellowship and an active Alumni Network of 507 Fellowship graduates to date.[2] It admits 32 highly qualified Fellows each year—creating an ongoing network of effective clinical leaders across the state working actively to improve health care. (See box for Program details.)

CHCF Health Care Leadership Program

Program components: Fellows learn from nationally recognized business, leadership, health care, and public policy faculty, apply what they learn at their organizations, and connect with colleagues in their fields. The program includes:

- six in-person seminars
- a required California Health Improvement Project (CHIP), in which each Fellow must improve care delivery in their organization
- peer learning groups (pods) of up to six Fellows
- an individualized leadership development plan
- executive coaching over five sessions with the support of a coach and various psychometric tools
- participation in the Alumni Network

Strategic modifications have been made from time to time based on ongoing program evaluations, feedback from participants and Alumni, and changes in the health care field. Notably, in 2014, CHCF and Healthforce collaborated to redesign the Program with a focus on the skills needed to respond to rapid environmental change. Modifications included:

- more interactive in-person sessions
- incorporating concepts from technology, evidence-based entrepreneurship, and human-centered design into CHIPs
- focusing more intensively on presentation skills and executive presence
- redesigning the curriculum to focus on managing change in volatile and complex environments
- rebooting and increasing activation of the Alumni Network

To ensure the Program remains as effective as possible, it is evaluated regularly. In addition to Healthforce's 2014 participant survey and evaluation, CHCF has commissioned four evaluations over the Program's lifetime. In 2019, CHCF engaged Informing Change to add to this body of knowledge. The evaluation findings, based on interviews, focus groups, and surveys, are contained in this report.

Table 1. Evaluation Sources

Respondents	2019 Evaluation Data Sources					Total respondents
	18 Exploratory interviews	5 In-depth interviews	4 Focus groups	3 Mapping workshops (and questionnaire)[3]	2 Surveys	
Program Alumni (Cohorts 1–16)	-	5	13	16 (20)	148	182[4]
Program participants (Cohorts 17–18)	-	-	15	2 (3)	-	17
Agency sponsor[5]	6	-	-	-	-	6
Field influencer[6]	8	-	-	-	-	8
Program staff	4	-	-	-	20	24

Does the Program Lead to Health Care Change?

The evaluation explored the ways Alumni have built on what they gained in the Program to contribute to important changes in their organizations and the broader health care field.

As described below, Alumni are pursuing more ambitious endeavors within their organizations and beyond—including spearheading innovations, stepping into new or greater leadership roles within coalitions, and seeking opportunities to scale innovative programs more broadly. These leaders indicated that they are making such changes while navigating challenges within the workforce, siloed health systems, and payment systems.

IMPACT ON FELLOWS' ORGANIZATIONS

Ninety-five percent of Alumni have led or directly influenced change within their organizations. (See Figure 4.) The evaluation showed that Alumni are making changes in organizational culture and operations, as well as supporting innovations in processes and practices, and contributing to improvements to service quality and access. They are creating, building, funding, and leading new programs and initiatives. Alumni say the skills and capacities gained through the Program—including team-building and management, financial, and operational skills—have been integral to their ability to impact their organizations.

Figure 4. The Program influences changes Alumni make within their organizations.
Alumni Survey | n=148

95% of alumni

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Influential 50%
Useful 17%

Of those alumni, 83% said the Program was necessary or influential to the positive change they made in their organizations.
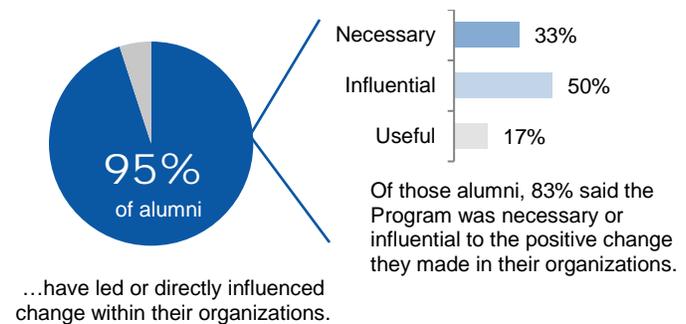
Overall, Alumni reported facilitating organizational changes in three domains: (1) culture and relationships, (2) systems and processes, and (3) access and engagement. These are described below.

Culture & Relationships

Alumni described a variety of ways in which they have influenced significant, though sometimes gradual, shifts in their organization's culture. Examples:

Inclusivity. By integrating learnings from the Program about different communication styles and how to effectively engage with each, one Southern

"After completing the Fellowship, I was able to meet rapidly changing needs using a more advanced set of skills.... I now understood culture change and could lead a response to care for clinical staff."

—Alum (Cohort 14)

California alum working in the pharmaceutical field was able to shift the culture of their organization to be more inclusive, so all voices and perspectives are heard.

Values and principles. Drawing on leadership and team-building skills gained from the Program, one alum identified a core team to lead culture change in his institution. The team distilled the organization's mission, values, and principles—lifting up core values including strong relationships and improved understanding of the human relationship to data and technology.

Systems & Processes

Alumni shared stories of restructuring internal systems and processes. Examples:

Data systems. One agency sponsor described how the alum whose participation she sponsored applied many principles from the Program within their organization to work on a larger system scale—specifically to build a dashboard, track success, and set SMART goals.[7] One outcome was to reduce wait times for specialty appointments within the organization.

Workflow. By applying LEAN principles[8] and new leadership approaches gained through participation in the Program, a Bay Area physician completely reorganized her unit, making substantial improvements in productivity and staff satisfaction. She was also able to identify and let go of staff who were a key source of dysfunction within her organization and bring in a more productive and committed group of employees.

Quality improvement. In collaboration with peers from the Program (specifically their pod), as well as ongoing networking with the Alumni Network, one alum launched an initiative to reduce medical errors. To shield nurses from distractions that can contribute to errors, the Program required staff to curtail all interactions and interruptions with nurses while they are in a medical room or preparing or drawing up medications.

Access & Engagement

Alumni are contributing to tangible changes in services and access to care for patients. These impacts include establishing alternative modes of delivering care (e.g., phone appointments, bringing health services to nontraditional places such as schools), decreasing or cutting readmission rates for patients, and initiating or enhancing services. Examples:

Service integration. Leveraging their professional growth and enhanced confidence from participating in the Program, one alum led a tobacco cessation program integrating medical, pharmacy, behavioral health, and dental services to help patients quit smoking (with anecdotal evidence of effectiveness and success).

Affordability and access. An alum from the Bay Area harnessed the relationships and networking skills she gained through the Program to gather buy-in, catalyze cross-sector collaboration, and obtain the resources needed to bring vaccinations to children at Oakland elementary schools.

Patient care. In Los Angeles, one alum identified a significant delay with the organization's external critical care team. In response, he developed a business canvass, applying design-thinking skills to identify a creative solution. Ultimately, this alum developed an internal critical care transport system that led to improved time efficiency for patients as well as significant cost savings for the organization.

Consumer engagement. One alum led a focused effort to understand and address problems in dental health from a social perspective as well as a health perspective. This alum raised awareness of oral health and pushed for stronger integration of culturally relevant approaches to consumer engagement within their organization—and on a larger scale. This Fellow's agency sponsor credits the Program with helping the alum to "think of the 'big idea'" and be effective in their contributions at the organizational and field level.

Cohort 9 Alumna Spotlight: Dr. Ana Valdés

For those suffering from addiction, medication-assisted treatment (MAT) is an important—but underutilized—tool. CHCF Alumna Dr. Ana Valdés has led the way in integrating MAT into primary care. As chief health care officer for HealthRIGHT 360, which provides a continuum of care for those with addiction, she has oriented the culture to integrate MAT into its medical, behavioral health, and substance use disorder treatment programs.

To bring MAT to the forefront of treating addiction, particularly opioid use disorder, Valdés started with education. "There are still a lot of staff out there who are concerned about starting patients on MAT," she said. "They feel like it is just trading one drug for another, that people then get on it and they're hooked for life." Regular meetings with behavioral health providers (e.g., staff at residential programs, outpatient clinics, and detox facilities) helped to normalize MAT as a treatment option and give providers language for integrating it into primary care.

Program Contribution

> Valdés credits the Leadership Program with teaching her how to form teams and work through them. "I think one of the ways the Program was incredibly supportive was in the quality-improvement team-based training," she noted. "Moving into this executive role, I've had to really learn how to work through my team because I'm not the one in the clinics or in the behavioral health program." She said the quality-improvement team-based training helped her to be a convener, to identify a vision, and to get everybody's input and buy-in. Valdés added: "I also learned how to support a team in doing the work and hold them accountable by bringing quality improvement into the picture."

She also made structural changes, creating roles for two of the medical directors to maximize their treatment of addiction (both were also Program Alumni) and supporting their board certification in addiction treatment. This change, along with instituting incentives and hiring practices for care providers to get X-waivers (which allow providers to prescribe buprenorphine, a drug used in MAT), increased HealthRIGHT 360's capacity for MAT.

Dr. Valdés's campaign for MAT reaches beyond HealthRIGHT 360. In her role in the behavioral health work group of the California Primary Care Association, she and her colleagues provide recommendations on legislation. She also participates in the Medical Director Institute for the National Council of Behavioral Health as one of the few primary care physicians on the council; in this role she serves as a link between medical and behavioral health.

Program Contribution

> In shepherding these changes within and outside of her organization, Valdés has relied on her network of Program Alumni to continually learn about MAT and share HealthRIGHT 360's model for integrated care with colleagues at public health departments and hospitals. "I don't think I would have even moved into this role, because it's huge, if I hadn't gone to the Leadership Program," reflected Valdés. "I think it laid the foundation. Being able to stay active with the Alumni Network has helped to further that." She also cites "the personal work we did" in the Program. As Valdés advanced from medical director of a 25-person clinic to chief health care officer for a network of over 70 programs and clinics, she observed: "I think I got much more of an insight into myself as a person, as a leader" as a result of the reflection and coaching prompted by the Program.

IMPACT ON THE HEALTH CARE FIELD

Fellows and Alumni are testing and scaling health care innovations, leading collaboratives and coalitions, and informing and contributing to policy and advocacy efforts focused on the health care issues facing Californians. Eighty-two percent of Alumni said they have led or directly influenced change in the health care field,[9] and many reported that the skills and capacities gained through the Program played an important role in their ability to contribute to field-level change. (See Figure 5.) The strengthened abilities include leadership, communication and business skills, collaboration and networking, and greater know-how to move through the stages of ideation to implementation.

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Necessary	38%
Influential	44%
Useful	15%
Neutral	3%

Of those alumni, 82% said the Program was necessary or influential to the positive change they made in the health care field.

Alumni reported facilitating field-level changes at three levels: (1) sustaining and strengthening partnerships and coalitions, (2) state and nationwide activism and influence, and (3) scaling initiatives.

Strengthening Partnerships & Coalitions

Enhanced leadership skills and a greater sense of confidence and agency have empowered Alumni to engage with and lead teams in bigger and bolder ways, often with a clear vision for change in mind. Examples:

Leading and spearheading coalitions and collaboratives. Alumni described many and varied coalitions, collaboratives, and initiatives that they have led at the statewide or regional level. One alum directly credited Program participation with their ability to launch and lead multiple statewide initiatives on health and health disparities, data sharing, and primary care revitalization.

Strengthening community partnerships and coordination. Some Alumni described targeted and regionally specific networks and collaborations striving to improve access to care by strengthening coordination between health agencies and local communities. One alum used their strategic planning and case-making skills to lead the development of a new rural health network; it brings together three entities in a rural community along a 60-mile stretch of the northern coast—a Federally Qualified Health Center (FQHC), a district ambulance service, and a local hospital.

Launching new programs and initiatives. Through the Program (pods in particular), Fellows have created personal networks and communities of like-minded peers in the Alumni Network. Fundamental to these relationships is a sense of trust and connection. Participants exchange ideas, share experiences and resources, and continue collaborating as they advance in their careers. As a result of these relationships, Alumni have been able to access important resources more effectively and launch new programs and initiatives.
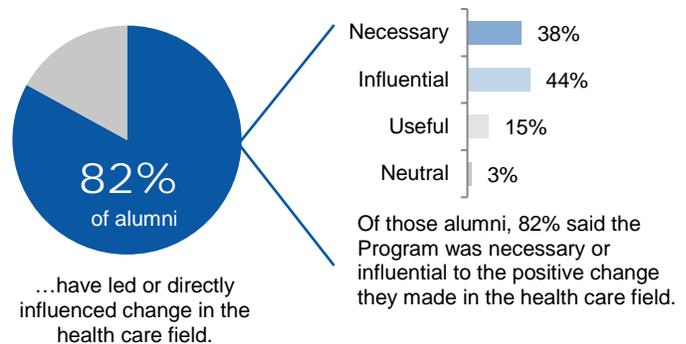
Cohort 6 Alumna Spotlight: Dr. Jocelyn Freeman Garrick

A more diverse health workforce will better reach and holistically serve our communities. This is the mission driving Dr. Jocelyn Freeman Garrick, whose own nonprofit, Mentoring in Medicine & Science, works with the Alameda County Health Department, using mentoring and training to increase the participation of underrepresented groups in health professions.

Awareness is critical to increasing diversity in health professions, Freeman Garrick believes. "When you talk to young people in this community, most of them think health care jobs means doctor or nurse," she said. "They don't know about a pharmacy technician or a respiratory therapist, or what you can do with a two-year community college degree, or that you can make $70,000 being a radiology technician doing something that's really valuable." To increase awareness, Freeman Garrick founded two programs: EMS Corps, a training program for young men of color to become emergency medical technicians, and the Alameda Health Coach Program, which trains young people to become health navigators, a role that reaches out to and supports patients in navigating the health care system. Both programs expose young people to health professions that can provide a living wage, while also driving toward a larger goal of providing more culturally responsive care.

Program Contribution

While working on her California Health Improvement Project, Freeman Garrick's coach in the Program helped her define her nonprofit, Mentoring in Medicine & Science, and guided her in tapping the resources she had in her network to support it. The Program's business sessions helped her create a business plan, giving her "the business expertise and resources I needed, as well as the coaching. Without the Fellowship," she said, "I don't think that the nonprofit would have gotten off of the ground."

Freeman Garrick is also attending to the broader employment pipeline. She works with the Alameda County Health Department's human resources staff to change hiring practices for both first-generation students and people with criminal records. She has had to be strategic in her work to shift cultures, relying on patience, relationships, and a savvy for navigating politics that she gained from the Program. "Nobody teaches you the politics when you go to medical school," she said. "I learned a lot of that from the Fellowship."

Freeman Garrick's work is prompting the Health Department and the providers she partners with to build organizational cultures that understand and value the links between representation and culturally responsive care. Case in point: "In the EMS Corp training program, which trained young men from the community, we started getting them hired by local ambulance providers (which took time and a lot of intensive work). Ambulance providers had less job turnover, they observed better work ethics, and they had more patient satisfaction. Thereafter, ambulance providers started attending EMS Corps graduations as a recruitment strategy for their workforce."

State & Nationwide Activism & Influence

Through the Fellowship, Alumni increase their skills and awareness related to the policymaking process as well as their confidence and agency to position themselves as leaders and to take action on a larger scale. This has translated to Alumni championing for progress on a range of key health issues. Examples:

Disseminating information widely to raise awareness and visibility. While developing a palliative care training manual for their organization, as part of their California Health Improvement Project (CHIP), one alum recalled being encouraged to "go big." So the alum disseminated the manual at the national PACE (Policy Analysis for California Education) conference to 50 other organizations and said, "It took off from there!" This alum was

then able to play a key role in building the field of home-based palliative care, based in part on their strategic dissemination of information, including publishing studies on palliative care to demonstrate its effectiveness.

Enhancing local health care systems. One clinician, based in a rural health center, applied on a large scale what they learned from the Program about the systemic underpinnings of what makes a good health care system—including payment structures and policies—to found a regional clinic consortium in four northern Bay Area counties.

Leading targeted campaigns and contributing to state or nationwide activism. "I successfully helped lead the campaign for the California Academy of Family Physicians and the American Academy of Family Physicians to change to a neutral position on aid in dying," reported one alum. This individual also participated in statewide and nationwide activism for climate health with the American Lung Association.

Advocating for policy change at a state and national level. Through strengthened values and commitment to leadership, as well as inspiration from "an excellent network of peers," one alum worked against the destruction of the Affordable Care Act through lobbying and advocacy, focusing on continuing the critical Medicaid expansion component.

> *"I am more in the forefront of speaking out about policy changes to better serve families that are defenseless and vulnerable."*
>
> —Alum (Cohort 6)

Cohort 6 Alumna Spotlight: Dr. Diana Ramos

To Dr. Diana Ramos, focusing on pregnant women in screening for opioid use disorder is an urgent priority. "That's the patient who needs the most support," she said, "because you have two patients, the mother and the baby. The impact is even greater." But screening and the prospect of intervention, she recognizes, is complicated. "The first thought [for providers] is, *Now what am I going to do if my patient screens positive? Where do I go from here?*"

As public health medical officer for the California Department of Public Health, Ramos works to educate OB/GYNs on precisely those next steps in order to remove the stigma of screening for pregnant women. In partnership with the American College of Obstetricians and Gynecologists, she builds relationships across the state with physicians and taps a peer-to-peer training model for educating them on opioid use disorder. The aim is to mitigate the effects of opioid use disorder and, ultimately, to prevent it.

Program Contribution

Ramos credits the Fellowship with "planting a seed that has sprouted and blossomed," building her confidence and helping her see what she was capable of. She said it taught her how to identify her strategic focus and then communicate that strategy at local, state, and national levels. She learned how to break a big idea into manageable pieces, develop metrics, and identify partners—all skills that helped her efforts toward statewide collaboration. It all comes down to "collaborative impact," said Ramos. "Building relationships with a provider community doesn't happen enough. To be able to do that through the American College of OB/GYNs is a public win for them and us as well." She sees her participation in the Program as "an investment that has paid off many times over."

Scaling Initiatives

Alumni have been able to scale up initiatives that they previously piloted or implemented on a smaller scale, as they moved into more prominent leadership roles. Examples:

"The Program provided the foundation of knowledge and skills to move from the stages of ideation through implementation."

—Alum (Cohort 15)

Regional medically tailored food program. A Los Angeles–based alum was able to scale their program across nearly 200 clinics, aided by Alumni Network connections. They integrated a medically tailored food delivery program into different systems. This alum reflected that Program Alumni "quickly emerged" to support the scaling of this initiative.

Statewide palliative care initiative. In partnership with CHCF, and informed by the activities of other Program Fellows, a Northern California alum helped their institution's health plan to pilot an adult palliative care benefit that became the template for a Medi-Cal program.

Nationwide quality care initiative. Driven by career advancements and skills gained through the Program, one alum led the development of a program that improved care for many people while leading pay-for-performance at a medical group in California. As this alum moved into a new role as chief medical officer of the American Medical Group Association, they were able to scale this work, developing national quality initiatives that improved care for millions. The alum applied new leadership, business, and quality-improvement skills, and leveraged the Alumni Network to advance this work.

Nationwide safety-net model. Born out of their CHIP, one alum was able to deploy a new electronic consultation (eConsult) program[10]—a web-based system that allows primary care physicians and specialists to securely share health information and discuss patient care—across their institution's system and ultimately scale the project as a national model in the safety net.

Cohort 7 Alumnus Spotlight: Dr. Robert Moore

In 2007, when Dr. Robert Moore was a medical director of a community health center and beginning his Program Fellowship, he and colleagues in his cohort were noticing the growing trend toward overprescribing pain medication. Later, as Moore and his pod-mates advanced in their careers, the issue grew into a public health emergency. By 2013, Moore, at that point a chief medical officer with Partnership HealthPlan of California (PHC), and colleagues such as Dr. Kelly Pfeifer, also then a CMO at a health plan, set out in partnership to systematically reduce the amount of opioids prescribed in their health plans.

To do this, Moore turned to an existing model of success with a similar health plan: CareOregon. Using CareOregon's playbook, Moore and his PHC team developed the Managing Pain Safely Initiative. It contains prescription guidelines, tools for identifying opioid use disorder risk, documentation of the health plan's recommendations on use of opioid prescriptions, and adjustments to the PHC's formulary requirements for opioids. The strategy of reducing opioid prescription rates resonated with other Program Alumni who were CMOs of community health centers. They helped spread the initiative to their communities, making the Alumni Network a key vehicle for moving the work forward.

Program Contribution

To shift the prescribing behaviors of care providers, the initiative called on the skills Moore learned through the Fellowship—"how to manage change, how to communicate change, how to mobilize, how to organize," Moore said. "I had to leverage most of those skills.... I would have not been able to do this if I hadn't been through the Fellowship. Those are the skills I gained."

Moore and his colleagues brought together stakeholders who touched the opioid epidemic from different angles—care providers, pharmacists, behavioral health specialists, law enforcement, and patient advocates. Speakers at these convenings, including Program Alumni, provided a range of resources on the issue, such as information on the financial impacts of lowering prescription rates, and the impact of opioid use on pregnant women. Alumni who spoke at these convenings included the director of the California Department of Public Health, Dr. Ron Chapman, who spearheaded a cross-departmental approach to the crisis within California's executive branch. Kelly Pfeifer was also a speaker at these events. She had moved to CHCF as director of the Foundation's High-Value Care team and led CHCF efforts to spread local opioid coalitions throughout California. With the support of CHCF, coalitions formed in most of the 14 counties served by PHC to collectively minimize the flow of prescribed opioids in communities. Many of these local coalitions continue their work today.

The Program's Influence on Fellows

Many Alumni's ability to effect change at the organizational and field levels was facilitated or accompanied by career advancement. A large majority of Alumni (82%) surveyed reported increases in their professional authority (e.g., working with bigger budgets or teams, having greater reach/influence in a role) via a promotion or job change since their participation in the Program. (See Figure 6.) For 85% of those who experienced a promotion or job change, the Program played either an "influential" or "necessary" role in their career progression.

As in prior evaluations of the Program's influence on Fellows,[11] Alumni overwhelmingly praised the Program. They shared myriad ways the Program helped them acquire or strengthen skills and competencies to increase their effectiveness as leaders and advocates for change at the organizational and field levels.

Figure 6. The Program influences Alumni careers.

82%
of alumni

…have increased their professional authority via a promotion or job change.

Necessary	38%
Influential	47%
Useful	15%

Of those alumni, 85% said the Program was necessary or influential to their career progression.
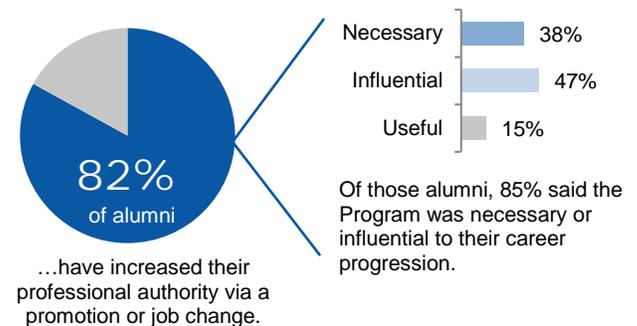
"I learned to trust in my abilities and to say yes when opportunities arose."

—Alum (Cohort 1)

The analyses revealed three important themes related to the Program's influence: the acquiring of intellectual, social, and emotional resources. (See Figure 7.) Alumni tended to describe the combination of these resources as immediately and directly relevant to their ability to make change. When asked to reflect on other factors that influence their impact, many Alumni reported conditions such as personal optimism and joy, being around inspiring leaders, and past experiences in the field as important to strengthening their impact.

INTELLECTUAL RESOURCES

Program participants reported they developed various technical and intellectual skills such as designing and enacting operational plans and effectively building a business case. (See Figure 8.) For the latter competency, communication and financial skills that Fellows gained through the Program have played a key role.

"I could intervene strategically using the tools that we learned."

—Current participant (Cohort 18)

Alumni said they grew in their ability to develop and communicate a vision and strategy to guide their organization, their team, or both. They cited the public speaking and communication skills they developed as an asset in conversations with colleagues and other stakeholders. Many said learning about the financial aspects of health care equipped them to make better decisions and more persuasively pitch their ideas to different types of stakeholders. The combined knowledge and skills, many Alumni said, have enhanced their comfort and confidence taking on projects on a larger scale.

"Policy is the other area that we learned a lot about, and I had no idea how to influence the policy process really before then. Last week I testified to the Senate Health Committee about quality in Medicaid."

—Alum (Cohort 7)

Figure 7. The Program influences Fellows' intellectual, social, and emotional resources.
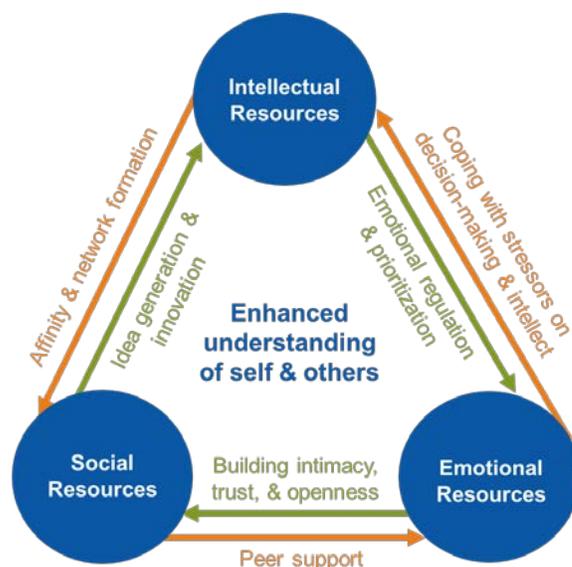

Figure 8. Alumni reported that the Program influenced their abilities to implement systems change.

Mapping Workshop Questionnaire | n=22
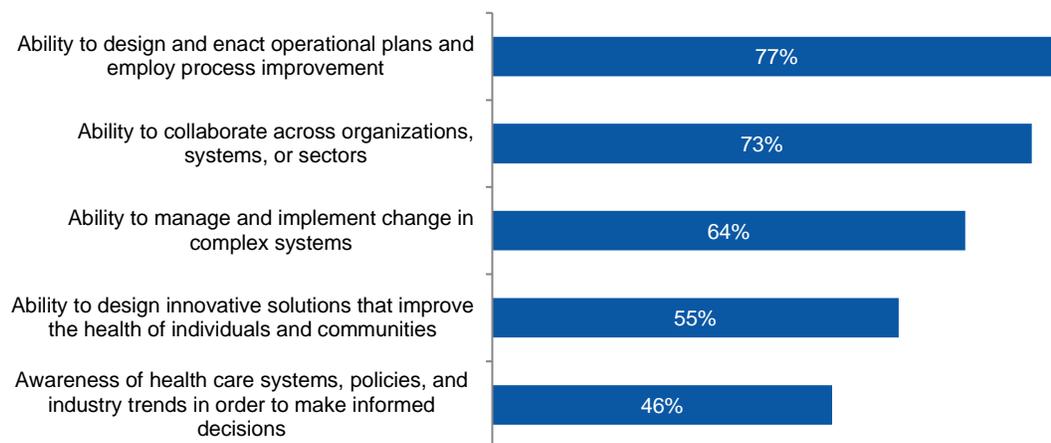
"The Program has influenced my ability to present my ideas to a group of leaders, use different business plan models when developing programs, and made me more aware of financial implications of our system."

—Current participant (Cohort 18)

SOCIAL RESOURCES

The Program gives Fellows access to a wider personal and professional network.[12] Participants reported that being exposed to others with visionary ideas was itself inspiring. Fellows credited the Alumni Network generally and the support of specific Alumni colleagues within their personal networks as contributing to their field-level changes. They said the Program gave them greater capacity to network and collaborate with others in the field.[13]

"Having common experiences that we're sharing and the problem solving that takes place is really valuable."
—Current participant (Cohort 17)

The innovative initiatives that Alumni have led within their organizations or local collaboratives are often, in turn, scaled at the state or even national level (by the alum or others). In some instances, CHCF has played a key role in scaling; in others, the Alumni Network has been critical; and in some other instances, both the Foundation and the Alumni Network have been essential to the process.

Figure 9. Alumni reported that the Program has made them feel more satisfied and inspired in terms of their career.
Mapping Workshop Questionnaire | n=15

Several Alumni reported feeling a strong sense of community and camaraderie with other Fellows. Many described the community and interactions with peers as a safe space and source of emotional and professional support. Others appreciated the "common language" shared by those who have gone through the Fellowship. Program elements, such as pods, also contribute to participants' sense of feeling validated and supported in their work.

The Program also provides fertile ground for cross-sector collaboration. Its focus on diversity within cohorts caused current participants and Alumni to develop relationships with other clinical professionals. Some said the Program helps to break down silos and create cross-sector relationships and partnerships. Almost three in four Alumni said the Program influenced their career satisfaction. (See Figure 9.)

EMOTIONAL RESOURCES

A major benefit of the Program is that it gives participants dedicated time away from their jobs and life stressors to learn and connect with like-minded individuals. One alum described the experience as an "intellectual spa."

"The Program is amazingly skilled at helping leaders understand themselves better, understand their defaults, giving them insight into the way they work in teams, the way they respond to things, and the way other people perceive them."
—Agency sponsor

Fellows have the opportunity to look inward, particularly through the 360° evaluation and the Myers-Briggs assessment, to discover more about their preferences as leaders. Fellows said they gained the ability to recognize the different approaches others take and their underlying reasoning. Several Alumni noted that this enhanced understanding allowed them to better relate to and motivate staff and other stakeholders. (Figure 10.)

Alumni said they left the Program feeling motivated, confident, and inspired to make change and step up within the health care field, an important benefit in a sector that suffers from high rates of turnover. They noted that these emotional resources have a synergistic effect on their capacity to effectively apply their skills and knowledge, particularly under conditions of stress and uncertainty.[14]

Figure 10. Alumni reported that the Program influenced their awareness of themselves and how they work with others.

Mapping Workshop Questionnaire | n=22

Ability to build and use effective teams, manage relationships at work, and create positive work environments	77%
Self-awareness and ability to lead with integrity	64%
Awareness of diversity and inclusion within my team or organization and my ability to support the creation of innovative solutions to create an inclusive work environment	50%
Visibility as a leader/executive presence	50%

Cohort 16 Alumnus Spotlight: Dr. Jei Africa

As the director of Behavioral Health and Recovery Services (BHRS) for the County of Marin, Dr. Jei Africa is a passionate advocate for culturally responsive care. He believes that understanding the context and relationships unique to each individual's experience is essential to meeting their needs. To address the many challenges of vulnerable populations, Africa says that providers need to be self-reflective and ask, "What is my role as either a change agent or a barrier to people in our communities getting the services they need?" He works within BHRS to operationalize culturally responsive care, increasing the focus on equity and inclusion. In practice, this includes hiring practices and staff education, as well as policy change that has a tangible impact on client's lives. He uses metrics that move the conversation about equity from the theoretical to the concrete.

Africa's culturally responsive work began with his own identity growing up in the Philippines, his experience immigrating to and living in the US, and being a member of the LGBTQ+ community. Whether understanding the stigma of seeking mental health or substance abuse services, or being treated differently based on who he is, he can identify with the barriers his clients and their families may encounter.

Program Contribution

The Fellowship "helped to strengthen my conviction that leaders don't have to look the same and that equity should be at the core of all that we do," said Africa. The Program connected him with "a network of compassionate health care providers who care deeply about improving the lives of people who use their services." The diversity of the cohort, as well as the workshops and mentorships it provided, confirmed for Africa that his unique experiences and perspective have contributed to his effectiveness as a leader and ability "to transform how health care is delivered."

In his cohort of Fellows, Africa has found a community of leaders who may at times each experience the isolation of leadership. The work of creating a more culturally responsive organization is challenging, he said; it requires cocreating a culture that embraces ongoing feedback, is inclusive of people at different levels, and productively challenges biases on individual, organizational, and structural levels. Africa models this culture himself, as a leader who expects and embraces feedback and shows vulnerability.

Expanding the Impact

The evaluation highlighted three important levers by which CHCF, Healthforce, and Program Alumni can expand the impacts described in the research: through the Alumni Network, through Program reach, and through strategic alignment with the work of CHCF. They are detailed below.

ENGAGING IN THE ALUMNI NETWORK

Alumni who successfully complete the two-year Program become part of the Alumni Network. First established in May 2004, the elected Alumni Board meets monthly to provide leadership in planning and programming Alumni events and articulates the Network's priorities and focus areas. Alumni gather twice a year in person, but also maintain contact through other whole-Network channels, such as LinkedIn. Smaller groups of Alumni convene at regional meetings and via topical interest groups, and all Alumni have opportunities to formally engage with the current cohort of participants.

In 2014, following a redesign of the Program, CHCF and Healthforce collaborated to increase the influence and engagement of Fellows in the Alumni Network. Alumni now participate in applicant interviews, course and webinar instruction, pod leadership, interest group leadership, and CHIP reviews. In 2018, following the designation of additional administrative support from CHCF and Healthforce to the Alumni Network, the board held a strategic planning retreat to create a road map for carrying out the Network's strategic initiatives. These include acting to improve health, increasing the Network's influence, and building and sustaining the Network. Since this meeting, the board has:

- Created a marketing and communications group
- Developed a plan and solutions to address communication needs within the Network
- Launched a new Alumni Network website
- Secured additional Program staff support for Alumni strategic priorities
- Formalized four interest groups (behavioral health; high needs, high cost; provider resilience; and workforce redesign) with defined governance structures and meetings

Benefits of Network Engagement

Alumni view the Network as a trusted community of peers bonded by shared values, good work, and approaches to leadership. Ninety-three percent believe Alumni achieve more together than they do alone. (See Figure 11.) Trust and community building begin during the Program and continue when participants become Alumni. Several described the community and interactions with peers as a safe space and a source of emotional and professional support (e.g., "like going to a therapist").

Connections to other transformative leaders was an important theme among Alumni in interviews and surveys.

Among Alumni, 90% agreed or strongly agreed that the Network transforms health care in California. (See Figure 12.) In interviews and focus groups, Alumni, agency sponsors, and field influencers all noted that the Network plays a key role in helping to break down silos and create cross-sector thinking and relationships.

Overall, Alumni said they enjoyed their engagement with the Network but suggested more work could be done to improve their experience. Alumni gave the Network a Net Promoter Score (NPS) of 32, which typically signifies that an organization values their users' experience and consistently makes that experience a good one. While 32 is a good score, it is lower than the NPS of 71 that Alumni gave the Program overall. NPS scores above 70 suggest that participants love the Program and that it can and does generate a lot of positive word-of-mouth through their referrals.

"The CHCF Network was great, and I was able to recruit and hire other former CHCF alums to the Department of Health Care Services to help with the transformation and work with other CHCF alums who were important stakeholders."

—Alum (Cohort 8)

Expanding Network Engagement

Close to 9 of 10 Alumni reported that they have collaborated with other colleges in the Network around health care systems change. (See Figure 13.) However, levels of engagement with the Network vary considerably. Healthforce calculates yearly engagement levels for Alumni who actively participate in the Network. Levels from most engaged to least engaged are called Gold, Silver, and Bronze. Alumni who fall in the highest tier of engagement, Gold, interact with other Alumni on a regular basis, often through structured events and activities. Of the active Alumni Network members in 2018, 23% were Gold, 18% were Silver, and 59% were Bronze.

Alumni in these different engagement levels also reported different rates of collaboration with other

Figure 11. Alumni believe they can achieve more together than they do alone.
Alumni Survey | n=127

93%
of alumni

Strongly Agree 54%
Agree 46%

Of those alumni, 54% strongly agree with the statement.
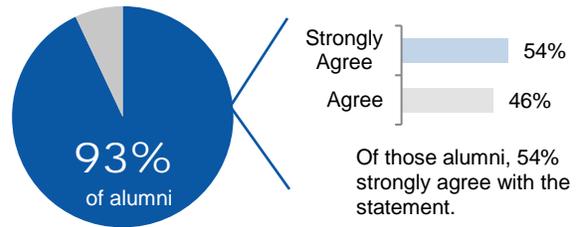
…believe alumni achieve more together than they do alone.

Figure 12. Alumni believe the Network connects them to a larger community of clinical leaders.
Alumni Survey | n=127

90%
of alumni

Strongly Agree 29%
Agree 71%

Of those alumni, 29% strongly agree with the statement.
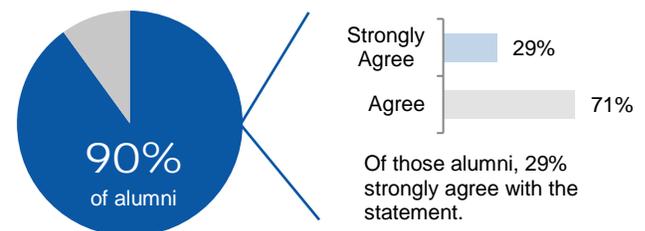
…believe the Network connects them to a community of clinical leaders who transform health care in California.

Figure 13. Alumni collaborate with colleagues in the Network.
Alumni Survey | n=129

86%
of alumni

Often 31%
Occasionally 30%
Rarely 40%

Of those alumni, 61% occasionally or often collaborate with others.
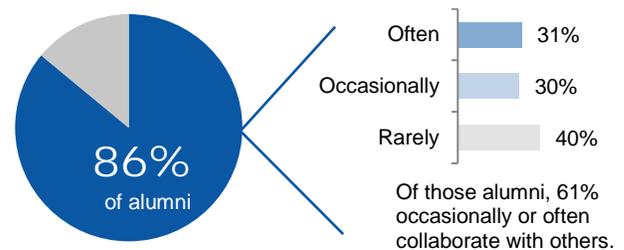
…have collaborated with other colleagues in the Network around health care systems change in California.

Alumni. The evaluation showed that more Gold members were likely to report "often" collaborating with other Alumni (46%) compared to Alumni at the Silver (26%) and Bronze (17%) levels.

Alumni believe there is opportunity to further improve the Alumni Network communication channels and infrastructure. About 40% of surveyed Alumni do not believe the current Network communication channels are serving the Network well, and of those who use the Network to connect with others, only one-third are satisfied with how they are currently able to find other Alumni. (See Figure 14). In qualitative comments, many Alumni expressed interest in more user-friendly, tech-enabled communication solutions.

Figure 14. Alumni hold positive views on Network engagement but believe communication can continue to improve.
Alumni Survey | n=126–127
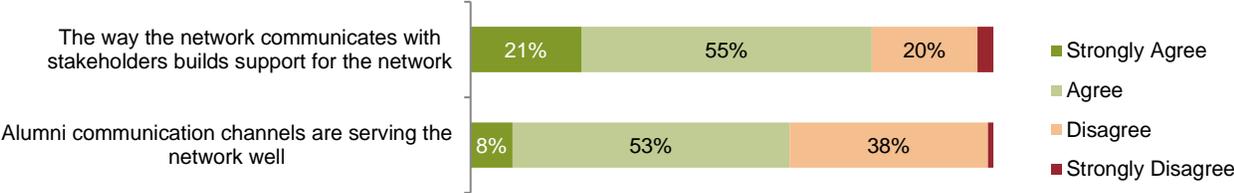
The research also pointed to the opportunity to tout the Alumni Network to participants before they become Alumni. Several current participants noted that the potential utility of the Alumni Network was very much unknown to them and that they had received little information about it. Specifically, these participants felt in the dark about how they could—or should—engage with the Alumni Network.

PROGRAM REACH

The Program is committed to diversity, in the belief that a diverse field of health care professionals will be more responsive to Californians' cultural and language preferences when accessing care.[15] In recent years, Program recruitment has intentionally prioritized applicants from underrepresented minority groups, behavioral health professions, and outside the Bay Area. Given CHCF's strategic focus on the health care safety net, the Program also strives to recruit two-thirds of Fellows from the safety-net health care system (e.g., community health centers, public hospitals, etc.). A former director of CHCF's High-Value Care team observed, "There has been some work to reboot the recruitment process to bring in a more diverse class." Various dimensions of Program participant diversity are explored below.

Race & Ethnicity

CHCF and Healthforce are committed to a racially/ethnically diverse Program. Cohort racial/ethnic makeup has changed over time. Although cohort Fellows have been predominately White (55%), participation among Latino (13%) and Black (8%) providers is substantially higher than their representation among physicians overall (5% and 3%, respectively).[16] (See Figure 15.) Despite systemic issues that limit diversity among licensed clinicians in California, the Program team continues to explore opportunities to train clinical leaders who reflect the demographics of the state's population.[17]

Figure 15. Race/ethnicity of participants over time

Alumni Database | n=544 | Alumni &Current Participants (Cohorts 17 & 18)
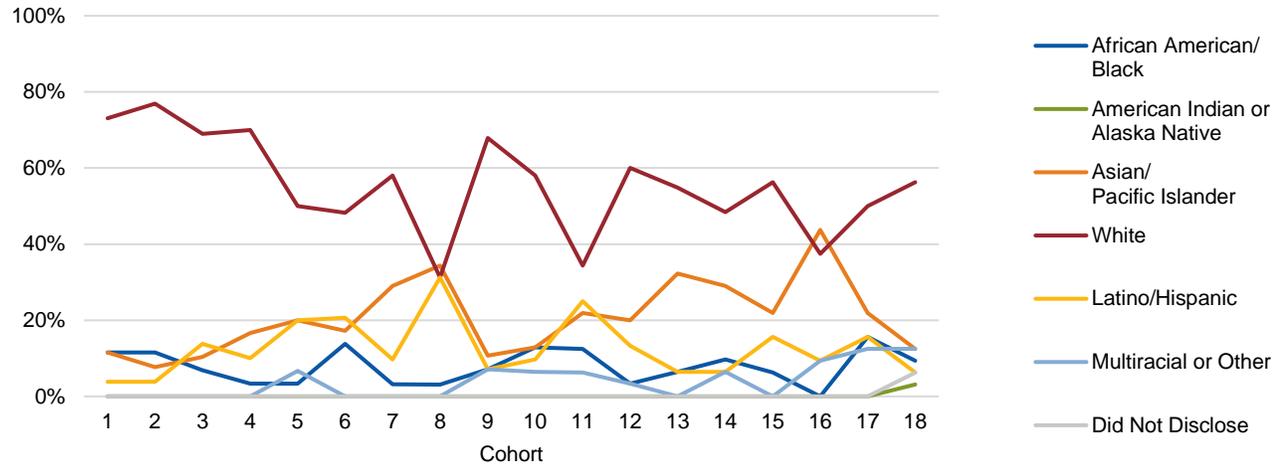
Figure 16. Race/ethnicity of participants compared to California physician supply

2018 California Health Care Foundation Analysis of the 2015 California Medical Board Mandatory Survey | Alumni Database
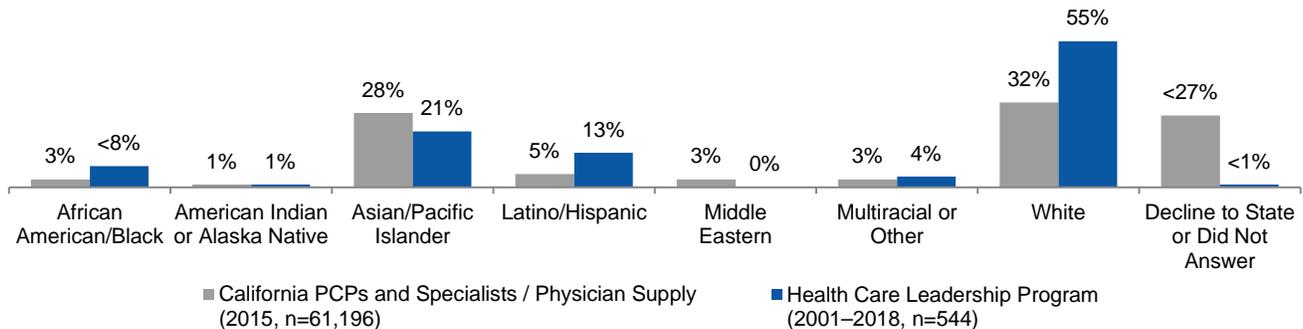
Geography

All participants are Californians, but the greater Bay Area is overrepresented in the Program. The greater Bay Area is home to 48% of participants but only 26% of the state's supply of physicians (see Figure 17). Multiple regions are underrepresented in the Program relative to physician supply, including San Joaquin Valley, the San Diego area, Orange County, and in the Inland Empire, where the percentage of Program participants is only about half the percentage of total physicians in those regions.

	San Joaquin Valley	San Diego Area	Sacramento Area	Orange County	Northern & Sierra	Los Angeles County	Inland Empire	Greater Bay Area	Central Coast
California PCPs and Specialists / Physician Supply	7%	9%	6%	8%	3%	27%	7%	26%	6%
Health Care Leadership Program	5%	2%	7%	4%	3%	23%	3%	48%	4%

■ California PCPs and Specialists / Physician Supply
(2015, n=60,920)   ■ Health Care Leadership Program
(2001–2018, n=528)

Participation from Bay Area providers has increased over time (see Figure 18). Given the overrepresentation of the Bay Area, many participants, Alumni, and agency sponsors reported a desire for greater geographic diversity.

Figure 18. Bay Area cohort members over time

Alumni Database | n=253
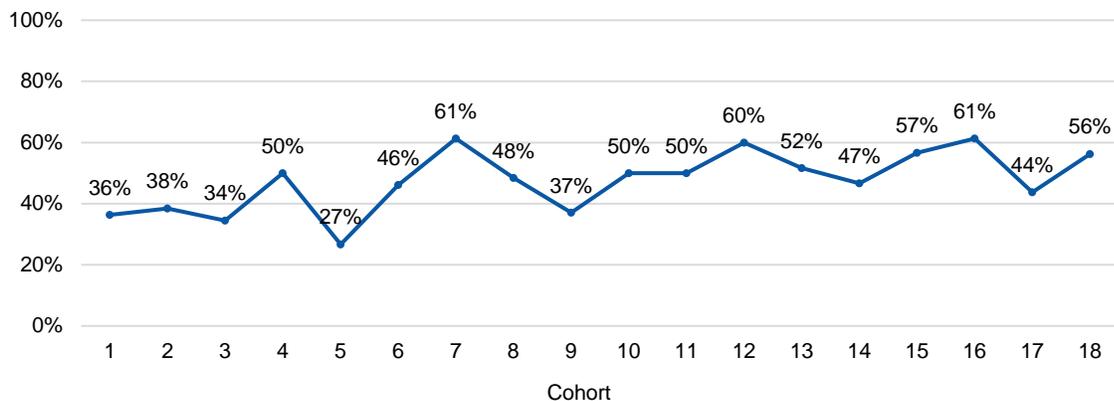
Although the evaluation did not formally assess the underlying causes for discrepancies in geographic representation, stakeholders pointed to selection and recruitment processes that may contribute to the problem. First, they note that Alumni are involved in the applicant interview and selection process, which enables them to meaningfully contribute to the Program. However, stakeholders also reflect that any selection committee may perpetuate their own, unconscious biases through their contributions. Second, Alumni referral is a meaningful recruitment tool, with the majority of applicants being referred by Alumni. Since most Alumni are in the Bay Area, there tends to be overrepresentation. Finally, sponsoring organizations that have experienced value and success in the Program are more likely to sponsor future candidates, so the same organizations will refer applicants year over year, and recruiting new organizations to send candidates is harder.

Sector & Training

As a foundation, CHCF focuses on improving the delivery and quality of care to the people of California, particularly for low-income and vulnerable populations. They work to strengthen Medi-Cal and safety-net organizations through advocacy, research, grantmaking, and other approaches. Over the lifespan of the Program, CHCF increased recruitment and selection of clinicians working in California's safety net. A marked shift began with Cohort 5, after which at least 50% of participants have come from safety-net organizations, compared with

less than 50% in Cohorts 1–4. Approximately 70% of participants from Cohorts 17 and 18 were from safety-net organizations, meeting CHCF's goal to recruit two-thirds of Fellows from the safety net. Alumni not only continue to work in safety-net settings after Program completion, but often attain positions of leadership and influence within those organizations. Currently, 52% of Program Alumni work in safety-net organizations.

In recent years, CHCF has asked Healthforce to prioritize recruitment of behavioral health professionals to the Program, and in response, behavioral health providers have gained more representation. Two things are notable about the share of behavioral health professionals in the Program. First, there is a noticeable increase in behavioral health providers, coinciding with Healthforce's redesigned recruitment and selection processes in Cohort 15. Before Cohort 15, the proportion of behavioral health providers rose and fell over time (e.g., Cohort 2–5, Cohort 6–8). Second, the inclusion of more behavioral health providers came at the expense of other non-MD providers, rather than offsetting the physician population in the Program. Even so, participants reported they are pleased with the mix of clinicians involved with the Program by clinician training, which participants cite as one of the core benefits of the Fellowship and Alumni Network.

Figure 19. Alumni & participant clinical training
Alumni Database | n=544 | Alumni &Current Participants (Cohorts 17 & 18)
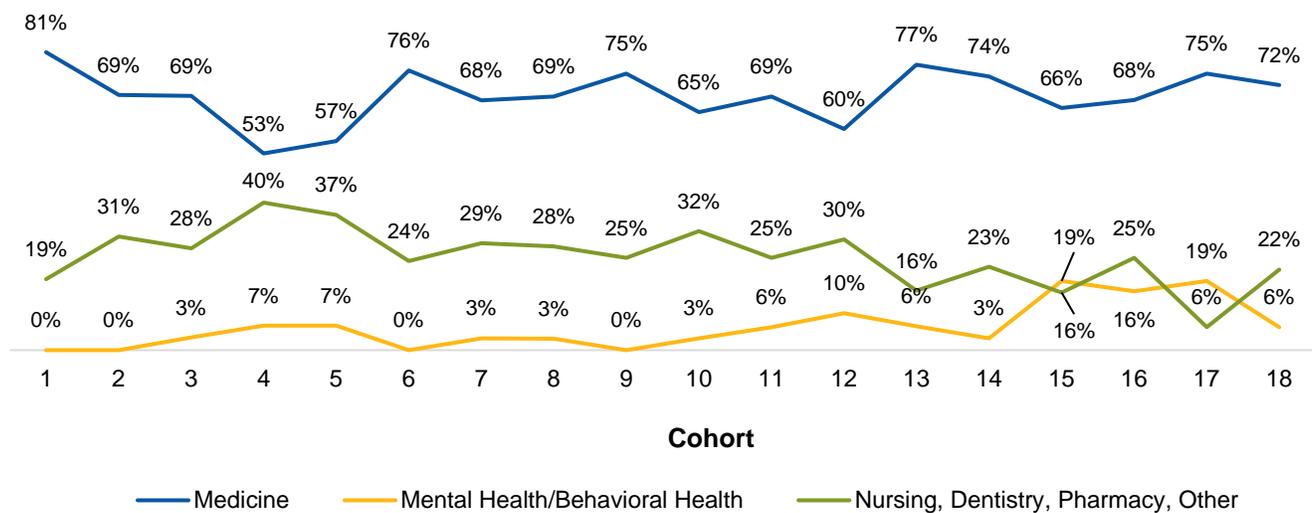
FELLOWS & THE FOUNDATION

A goal of this assessment was to identify additional opportunities for CHCF to draw upon Alumni expertise across the Foundation's grantmaking and broader systems change work—and for CHCF to be better connected to the Alumni—to achieve greater collective impact. To identify some areas for potential alignment, the researchers spoke with field influencers affiliated with prominent California and national health care associations, foundations, agencies, and universities (see Appendix B for a list of field influencers interviewed). CHCF and Healthforce staff and Program designers were also consulted to gather their perspectives on further opportunities to work with Alumni on important issues.

These discussions pointed to the critical need for effective leaders to change mindsets (e.g., in adopting new ways of providing services)

Figure 20. Few CHCF staff have often thought about leveraging the Alumni Network in their work.
CHCF Staff Survey | n=20
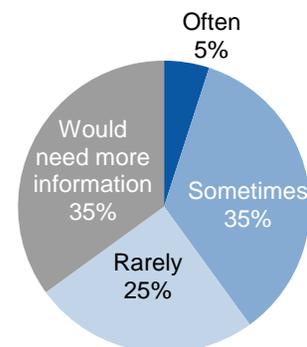
and build political will (e.g., in changing payment model regulations and policies), skills that are taught and nurtured during the Fellowship.

There is untapped potential and interest in collaboration between CHCF staff and Program Alumni. In fact, 85% of the 20 CHCF staff surveyed agreed that the Foundation should work with the Alumni Network where there is synergy with CHCF's priorities and strategies. However, only 30% of CHCF staff have fostered or maintained relationships with Program Alumni. One-third (35%) said they would need a better understanding of how the Alumni Network could be useful to their work (Figure 20), which signals there is an opportunity to educate staff on the Leadership Program and Alumni Network at regular intervals to account for staff turnover.

Addressing Payment Reform & Health Care Financing

Health care costs remain a critical concern in California and nationally, even as value-based payment models gain traction. Most field influencers emphasized financing, affordability, and sustainability as the primary challenges health care leaders will continue to face. Alumni frequently spoke to these financing challenges and expressed motivation to work together to find solutions. This came up particularly around the topics of payment reform, streamlining reimbursement structures, and ensuring coverage of necessary and comprehensive services. Roughly two in five Alumni (see Figure 21) have interest in addressing payment reform, and 11% said they have expertise in this area that they would like to share with others.

Figure 21. Alumni are interested in working with other alumni to address health care payment methods (including fee-for-service, value-based care, and other alternative payment models).
Alumni Survey | n=125
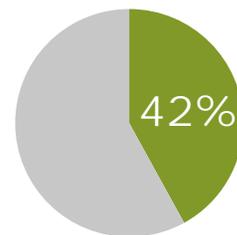
Expanding Equitable Access to Comprehensive Services

The influencers stressed that access to quality, comprehensive care is a problem for many in California. People with multiple health issues face tough access challenges, as do rural, low-income, and immigrant populations. One influencer said: "When I travel across the country it's one of the top issues that medical groups and health systems are dealing with. Depending on the area, and depending on the specialty, [patients] are just having a challenge finding medical providers to take care of them."

CHCF and the Alumni Network are well positioned to collaboratively address access barriers. The Foundation currently champions behavioral health, the state's safety net, and telehealth (among other key health care issues), all of which can play a role in improving care and access. Alumni are both interested in, and knowledgeable about, supporting these improvements. Among Alumni surveyed, 68% reported they are interested in ways to reduce health disparities and improve equity (Figure 22), and 25% said they have expertise in these areas that they would be willing to share. More than half of Alumni (55%) said they are interested in ways to address behavioral health in health care.

Figure 22. Alumni are interested in learning about and addressing ways to reduce health disparities and improve equity.
Alumni Survey | n=125

Improving Workforce Diversity & Retention

Many field influencers believe retention challenges related to dissatisfaction and burnout are major problems. Alumni echoed this concern, which surfaced as challenges they currently face—both personally and within their organizations. The Leadership Program does help them address burnout by providing emotional and social support from peers as well as opportunities to learn what works in sustaining workforce satisfaction and retention.

Another important workforce challenge is improving the racial and ethnic diversity of the physician pipeline. In California, this issue is particularly pronounced for Latino patients and providers. As one influencer discussed, lower rates of, and barriers to, entering medical school present challenges for meeting the linguistic and cultural needs of a growing Spanish-speaking population. Many Alumni and influencers also mentioned the persistent shortfall in the size of the health care workforce compared to what is needed. Roughly one-quarter of Alumni surveyed reported expertise in addressing issues affecting the health care workforce. Close to half (45%) said they are interested in addressing these issues (Figure 23).
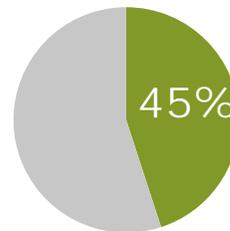
Creating & Scaling Technological Innovations

Developments in technology hold the promise of improving quality of care, reducing processing and data errors, and increasing the accessibility of certain services. CHCF already works in this space, and more than half of Alumni expressed interest in digital solutions to health care problems (Figure 24), but only 15% identified themselves as experts. Influencers who were interviewed noted that the rapidity with which new technologies change, develop, and become obsolete presents challenges to organizations. "How do you sift through the hundreds if not thousands of startups, pilots, apps, and new technologies and innovations that are hitting you?," asked one influencer. Another noted that filtering, piloting, and scaling— the key steps of technological innovation—require adequate time and resources.
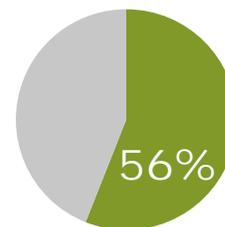
Conclusion

The evaluation provides strong evidence that the Program has contributed to developing an expansive network—now more than 500 Alumni—of highly talented clinical leaders who can and do positively influence health care. Through collaboration and innovation, Program Alumni address the field's most pressing issues, such as affordability, access, quality, diversity, and technological advancement. Their efforts create more effective organizations and improve patient experience and health care quality throughout the state.

Ways to increase the Network's future impact, highlighted by the research, include continued participant diversification, and greater, more intentional collaboration among Fellows, and between the Alumni Network and CHCF staff

Endnotes

[1] Given that roughly three-fourths of Program Fellows and alumni are physicians, PCPs and specialists are used as the comparison group here, though the Program also serves other providers from other sectors such as behavioral health, dentistry, pharmacy, and nursing.

[2] As of publication time, there are 507 alumni from 17 completed program cohorts and 64 participants in cohorts 18 and 19.

[3] Mapping workshops draw from three key methods—most significant change, outcome harvesting, and ripple effect mapping—to gather stories of the ways the Program and Alumni Network have helped alumni (and current participants) influence improvements to health care organizations, systems, and policies. These workshops combined facilitated discussions and reflections with interactive mapping to diagram the Program's contributions to changes that alumni have made in their organizations and communities. For further details about the mapping workshop methodology, see Appendix B.

[4] Two alumni who participated in the alumni focus group also participated in in-depth interviews, and one alum who participated in the alumni focus group also participated in the mapping workshop

[5] Agency sponsors are CEOs or leaders of agencies that have had one or more staff complete the Program (in many cases, these individuals are also Alumni).

[6] Field Influencers are leaders in the broader health care field who are positioned to reflect on the influence of the Alumni Network (e.g., policymakers, government officials, health plan directors, media).

[7] Specific, Measureable, Attainable, Relevant, and Time-bound.

[8] A manufacturing management style, emphasizing the consumer and waste reduction.

[9] "The Field" includes the health care system at a local, regional, statewide or national level, or involving more than one organization.

[10] *eConsult Overview*, L.A. Care, last modified May 14, 2013, http://econsultla.com/sites/all/files/econsult/2014%200328%20Flyer%20-%20What%20is%20eConsult.pdf.

[11] CHCF staff have summarized prior evaluation findings as an attachment to the 2018 evaluation Request for Proposals. Findings are also documented in the 2016 evaluation report, prepared by White Mountain Research Associates, *Documenting the Impact of the California Health Care Foundation's Health Care Leadership Program: A Survey of Leadership Alumni.*

[12] Fellows' more informal personal or professional networks, which may include alumni as well as those unaffiliated with the Program, are differentiated from the formal Alumni Network run by Healthforce.

13   Jennifer M. George, "Emotions and Leadership: The Role of Emotional Intelligence," *Human Relations* 53, no. 8 (Aug. 1, 2000): 1027–55, doi:10.1177/0018726700538001. These findings are in line with perspectives on emotional intelligence in leadership.

14   Fred E. Fiedler and Joseph E. Garcia, *New Approaches to Effective Leadership: Cognitive Resources and Organizational Performance* (Oxford, England: Wiley, 1987). This is akin to the principles underlying the Cognitive Resource Theory of leadership.

15   Crystal Loucel, "In Health Care, Diversity Matters," *Science of Caring*, September 2012, https://scienceofcaring.ucsf.edu/future-nursing/health-care-diversity-matters; and Barbara L. McAneny, "Why the AMA Is Committed to a Diverse Physician Workforce," Amer. Medical Assn., April 24, 2019, https://www.ama-assn.org/advocacy/leadership-viewpoints/why-ama-committed-diverse-physician-workforce.

16   Given that roughly three-fourths of Program Fellows and alumni are physicians, we use PCP/specialists as the comparison group here, though we acknowledge that the Program also serves other providers from other sectors such as behavioral health, dentistry, pharmacy, and nursing.

17   Janet M. Coffman, Margaret Fix, and Michelle Ko, *California Physician Supply and Distribution: Headed for a Drought?,* California Health Care Foundation, June 2018, https://www.chcf.org/publication/californias-physicians-headed-drought/.

Appendix A:
Evaluation Goals, Questions & Theory of Change

The 2019 CHCF Health Care Leadership Program evaluation was guided by a robust evaluation plan, developed by Informing Change with guidance from an Advisory Committee that included members of CHCF and Healthforce staff and Program Alumni. Here we provide the evaluation goals, questions, and major foci of the 2019 evaluation.

PRIMARY GOALS

1. An evaluation of the Program's impact, with special attention paid to:
    a. Impact at an organizational, regional, and statewide level
    b. Effectiveness of the Alumni Network and Alumni Network activities
    c. Recruitment and diversity of Fellows/Alumni
2. An assessment of Program performance against Program objectives:[*]
    a. To increase the leadership capacity of clinicians to serve as change agents working to shape a more effective and responsive health care system in California
    b. To build organizational, regional, and statewide networks of clinical leaders who are well poised to collaborate on our state's toughest health system improvement challenges
3. An assessment of existing and potential synergies between CHCF's broader work and the leadership Program/Alumni Network
4. Strategic recommendations for how CHCF and/or the Health Care Leadership Program can maximize impact (health care system improvement) moving forward

AREAS OF INQUIRY

To effectively address the complex and interrelated evaluation goals set by CHCF, we explored five key areas of inquiry:

- Leadership competencies and capacity
- Networks and collaboration
- Reach and engagement[†]
- Strategic alignment
- Context

ITEMS NOT INCLUDED WITHIN THE SCOPE OF THIS EVALUATION

- CHCF did not want to evaluate the individual participant experience, which has been done numerous times; the evidence is overwhelming that participants highly value the opportunity.
- We also did not evaluate the details of the curriculum or the curriculum delivery. These were addressed during the 2014 refresh and continue to be revisited through the Program's continuous improvement process overseen by the University of California, San Francisco (UCSF).

[*] This evaluation includes "2b," but only lightly touches upon "2a," as the latter has previously been evaluated extensively.

[†] Special attention was placed on demographic characteristics tracked by Healthforce during the fellowship, including **clinician type** (MD, DO, NP, PA, RN, dentist, LCW, etc.), **provider type** (licensed behavioral health, behavioral health role, physical health setting with integrated behavioral health), **organization type** (e.g., safety net, community health center or public clinic, health plan, public hospital), **gender**, **race/ethnicity**, **geographic region** (e.g., Bay Area, Central, Northern California, Greater Los Angeles / San Diego, etc.), and **level of engagement in the CHCF Alumni Network.**

Theory of Change

Goal: To increase the capacity of clinical leaders to serve as change agents working to shape a more effective and responsive health care system in California.

Today's environment	Core program	Measurable outcomes		
		PARTICIPANTS	**ORGANIZATIONS**	**HEALTH SYSTEM**

Today's environment

- Fast paced change, requiring leaders take risks, flex, and continually scan the external environment
- Strong business skills and structured decision-making processes
- Elimination of professional siloes to champion and transform care
- Action in settings of ambiguity and incomplete information
- Cohesive, accountable teams working on complex issues with clear priorities
- Responsibility and accountability align with strategic priorities
- Ability to manage change and maintain resilience

Core program

- In-person sessions to develop key leadership abilities, skills, and networks
- In depth self-assessments and tailored leadership development plans
- Applied organizational leadership projects shaped by evidence-based innovation and entrepreneurship
- Technology facilitated, self-paced learning to support in-person sessions
- Executive coaching, advising and mentoring
- Alumni and professional networking

PARTICIPANTS

- Greater self-efficacy about leadership skills and effectiveness
- More effective, influential communication
- Greater professional satisfaction and career advancement
- More diverse professional networks
- Visible leadership presence within and outside the organization

ORGANIZATIONS

- Increased leadership pipeline and capacity
- Greater capacity to lead organizational change
- Culture more conducive to change and collaboration
- Ability to retain individuals who lead priority areas and influential teams
- Connection to strong networks of health systems leaders

HEALTH SYSTEM

- Greater number of effective, credible, and connected leaders
- More collaboration across health care organizations
- Stronger network of effective leaders able to influence local, regional, and state policy
- Greater number of high performing organizations

Appendix B: Methods

DATA COLLECTION & ANALYSIS

To answer the questions developed in partnership with CHCF and Healthforce Center, Informing Change collected data from a variety of informants and sources inside and outside of the Program, using different data collection and analysis methods. Data collection occurred between March and August 2019, with the bulk of the analysis conducted during July. This appendix provides an overview of the evaluation's informant types and data collection methods.

INFORMANT TYPES

Informing Change collected data from numerous informants over the course of six months. Following are definitions for each type of informant:

- **Program Alumni:** Participants of the Program who have successfully completed the two-year commitment and have opted in to participating in the Alumni Network. These include participants from Cohorts 1–16.
- **Current Program participants:** Participants in Cohorts 17 and 18, who are still in the process of completing the two-year Program.
- **Program staff:** Select CHCF staff from the Access to Care, High-Value Care, Innovation Fund, Market Analysis and Insight, Policy Communications, Learning and Impact, and Leadership teams, and select Healthforce Center staff, including leadership and faculty leads.
- **Agency sponsors:** Leaders of health care organizations that have sponsored Program participants or where Program Alumni currently work.
- **Field influencers:** Leaders of statewide agencies and systems that influence policy decisions.

DATA COLLECTION METHODS

Surveys

Informing Change administered a total of three surveys. The first two surveys were administered online, sent via email, using unique links. The three surveys included the following:

1. **A survey for CHCF Health Care Leadership Alumni** was administered online from July 9 to July 22, 2019, to 415 Program Alumni participating in the Alumni Network from Cohorts 1–16. The survey yielded a 37% response rate.

Table B1. Alumni survey response rates, by cohort

Cohort	Responses	Invitees	Response Rate
1	9	18	50%
2	6	20	30%
3	13	24	54%
4	9	24	38%
5	7	25	28%
6	11	27	41%
7	6	29	21%

Cohort	Responses	Invitees	Response Rate
8	8	26	31%
9	9	26	35%
10	9	25	36%
11	17	28	61%
12	11	27	41%
13	7	31	23%
14	8	28	29%
15	11	30	37%
16	11	27	41%
Grand Total	**152**	**415**	**37%**

- **A survey for select CHCF staff members** was administered online from July 15 to July 26. Twenty-five staff members were invited to complete the survey, yielding a response rate of 80%.

- **A questionnaire for Alumni participating in mapping sessions** was completed by the 18 Alumni who participated in mapping sessions in advance of the sessions' start. An additional 5 Alumni completed the questionnaire, but ultimately did not attend a mapping session. Their responses are retained in the dataset for broader representation.

Qualitative Data Collection

Informing Change conducted three different types of qualitative data collection activities with agency sponsors, field influencers, and Program participants, Alumni, and staff. The purpose of the qualitative data collection activities was to gather information about the Program and uncover the nuances of the Program's influence on Alumni and Alumni's subsequent impacts on their organizations and the broader health care field in California. Following are descriptions of each data collection method. The names of individuals who participated in interviews, focus groups, and mapping sessions are included later in this appendix.

Table B2. Evaluation Sources

Respondents	2019 Evaluation Data Sources					
	18 Exploratory interviews	5 In-depth interviews	4 Focus groups	3 Mapping workshops (and questionnaire)[*]	2 Surveys	Total respondents
Program Alumni (Cohorts 1–16)	-	5	13	16 (20)	148	182[†]
Program participants (Cohorts 17–18)	-	-	15	2 (3)	-	17

[*] Mapping workshops draw from three key methods—most significant change, outcome harvesting, and ripple effect mapping—to gather stories of the ways the Program and Alumni Network have helped alumni (and current participants) influence improvements to health care organizations, systems, and policies. These workshops combined facilitated discussions and reflections with interactive mapping to diagram the Program's contributions to changes that alumni have made in their organizations and communities. For further details about the mapping workshop methodology, see Appendix B.

[†] Two alumni who participated in the alumni focus group also participated in in-depth interviews, and one alum who participated in the alumni focus group also participated in the mapping workshop.

Respondents	2019 Evaluation Data Sources					Total respondents
	18 Exploratory interviews	5 In-depth interviews	4 Focus groups	3 Mapping workshops (and questionnaire)*	2 Surveys	
Agency sponsor*	6	-	-	-	-	6
Field influencer†	8	-	-	-	-	8
Program staff	4	-	-	-	20	24

Focus Groups and Observations (March & April 2019)

Four focus groups were conducted early in the evaluation to gather preliminary information, refine our areas of inquiry, and identify areas for deeper exploration through the interviews and surveys. Two focus groups were conducted with Program Alumni (Cohorts 1–16) at the March Alumni convening in Long Beach, and two focus groups were conducted with current Program participants (those in Cohorts 17 and 18) at the April participant convening in Newport Beach. During each of these convenings, Informing Change also conducted observations of the sessions and workshops, and gave us an introduction to Alumni and participants. The invitations for the focus groups were extended to all Program Alumni and participants in attendance at the convenings or who lived nearby.

Exploratory Interviews and In-Depth Interviews (May–August 2019)

Informing Change worked with the evaluation's Advisory Committee to determine candidates for exploratory and in-depth interviews. Exploratory interviews, conducted in May and June, focused on understanding stakeholders' perceptions of the influence that participating in the Program has had on Program Alumni who are now health care leaders—in particular, the influence of the Program on the changes and impacts that these Alumni have made in the health care field. Additionally, Informing Change interviewed four key staff members from CHCF and Healthforce to understand the trends and changes of the Program over the years and most recently. The exploratory interviews also guided our early understanding of some potential future areas of synergy for the Program and the Foundation.

The in-depth interviews, conducted in July and August, served as the primary sources to develop the case studies included throughout this report that illustrate the varying types of impacts that Alumni have on their organizations and throughout California, and bring into focus the ways in which Alumni grow and utilize the resources of the Program.

Mapping Sessions (May & June 2019)

Informing Change conducted three mapping sessions in May and June 2019. Two sessions were based regionally, in Los Angeles and in Berkeley, and one was a virtual session conducted over a videoconference call with Alumni from different regions of California. The mapping session design draws from three key methods—most significant change, outcome harvesting, and ripple effect mapping—to gather stories of the ways the Alumni Network and participation in the Program have helped Alumni influence improvements and changes in health care organizations, systems, and policies.

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* Agency sponsors are CEOs or leaders of agencies that have had one or more staff complete the Program (in many cases, these individuals are also Alumni).
† *Field Influencers* are leaders in the broader health care field who are positioned to reflect on the influence of the Alumni Network (e.g., policymakers, government officials, health plan directors, media).

Background Document Review

Informing Change conducted a thorough review of background documents and data that CHCF made available. These include the Alumni database, prior evaluation results, Theory of Change, CHIP posters, prior applicant data, and data dashboards.

Input from Advisory Committee & Tactical Team

Throughout the evaluation, Informing Change had semimonthly calls with a core "tactical team," comprising Program staff from CHCF and Healthforce, and three touchpoints at the beginning, middle, and end of the evaluation period with an Advisory Committee comprising Program staff and five Program Alumni. These individuals provided guidance and feedback on protocols and surveys, as well as logistical support, to ensure our materials and lines of inquiry aligned with the evaluation questions and goals.

DATA ANALYSIS

All data collected for this project were analyzed using either qualitative or quantitative data analysis methods. Informing Change also conducted additional quantitative data analysis on CHCF's existing Alumni database and past application data.

Qualitative data were transcribed and analyzed in Dedoose, a qualitative data analysis software program, using a coding scheme developed by our team and aligned with the interview and focus group protocols and evaluation questions. Early exploratory interviews served as a guide for modifying and updating the coding scheme appropriately when analyzing mapping session and in-depth interview data.

Quantitative data were analyzed using SPSS, a statistical analysis software program. We drew basic frequencies and explored the statistical significance of certain subgroups' answers to questions in the Alumni survey. Because the surveys were administered using unique links for all respondents, data from CHCF's Alumni database were merged into the survey responses and used in the analysis as well. Only results that are statistically significant are included in this evaluation. Specifically, Informing Change examined differences in the following groups:

- Alumni Network engagement level (Gold, Silver, Bronze, not engaged)
- Employment at safety-net and non-safety-net organizations
- Type of clinical training
- Cohort
- Frequency of interaction with CHCF
- Frequency of collaboration with Alumni
- Basic demographics (gender, age, region, race/ethnicity)

The final step in the analysis process involved bringing together both qualitative and quantitative analysis in a series of internal meetings and discussions, producing statements of findings generated through a collaborative and iterative process.

EVALUATION PARTICIPANTS

The following individuals participated in interviews, focus groups, mapping sessions, or a combination of the three.

Name	Data Collection Activity	Relationship to Program	Organization	Title
Alice Chen	Evaluation Advisor	Alum, C. 6	California Health and Human Services Agency	Deputy Secretary for Policy and Planning, Chief of Clinical Affairs
Darrell Harringtom	Evaluation Advisor	Alum, C. 14	Harbor-UCLA Medical Center	Associate Medical Director, Chief of GIM
Giselle Willick	Evaluation Advisor	Alum, C. 17	Kaiser Permanente	Assistant Medical Group Administrator
Kanoe Allen	Evaluation Advisor, Mapping Session	Alum, C. 14	Shriners Hospitals for Children	Director of Patient Services, Chief Nursing Executive
Sonali Kulkarni	Evaluation Advisor	Alum, C. 16	Department of Health Services- Integrated Correctional Health Services	Chief of Community and Public Health Programs
Ayanna Bennett	Alumni Focus Group	Alum, C. 15	San Francisco Department of Public Health	Director, Interdivisional Initiatives
Bahar Davidoff	Alumni Focus Group	Alum, C. 16	Regal Medical Group	VP, Pharmacy
Christine Tyler	Alumni Focus Group	Alum, C. 3	Santa Clara Valley Health and Hospital System	Director, Special Projects
Claire Horton	Alumni Focus Group	Alum, C. 7	San Francisco Health Network	MD
David Hindman	Alumni Focus Group	Alum, C. 15	Los Angeles County Department of Health Resources	Service Chief, Behavioral Health & Social Services
Lydia Mata	Alumni Focus Group	Alum, C. 15	Anthem	Director, Case Management
Parag Agnihotri	Alumni Focus Group	Alum, C. 10	UC San Diego Health	Chief Medical Officer, Population Health Services
Tanya Dansky	Alumni Focus Group	Alum, C. 10	Blue Shield Promise Health Plan	VP and Chief Medical Officer
Ursula Baffigo	Alumni Focus Group	Alum, C. 6	AltaMed Health Services	IPA Medical Director and Regional Medical Director for South LA
Van Anh Dastur	Alumni Focus Group	Alum, C. 14	Saban Community Clinic	Dental Director

Name	Data Collection Activity	Relationship to Program	Organization	Title
Ana Valdes	Alumni Focus Group, In-depth Interview	Alum, C. 9	HealthRight 360	Chief Healthcare Officer
Robert Moore	Alumni Focus Group, In-depth Interview	Alum, C. 7	Partnership HealthPlan of California	Chief Medical Officer
Laura Miller	Alumni Focus Group, Mapping — Berkeley	Alum, C. 12	Community Health Center Network	Chief Medical Officer
Katrina Domingo	Cohort 17 Focus Group	Alum, C. 17	Kaiser Permanente	Behavioral Health Manager II, Eating Disorders Intensive Outpatient Program
Lee Atkinson-McEvoy	Cohort 17 Focus Group	Alum, C. 17	UCSF Benioff Children's Hospital	Professor, Executive Medical Director
Michelle Stott	Cohort 17 Focus Group	Alum, C. 17	Central California Alliance for Health	Quality Improvement Director
Ramesh Kesavalu	Cohort 17 Focus Group	Alum, C. 17	Providence St Joseph	Physician
Tam Nguyen	Cohort 17 Focus Group	Alum, C. 17	Sutter Health	Director, Behavioral Health Service Line
Tamara Chambers	Cohort 17 Focus Group	Alum, C. 17	LAC+USC Medical Center	Associate Medical Director of the OR
Veronica Velasquez-Morfin	Cohort 17 Focus Group	Alum, C. 17	El Dorado Community Health Center	Medical Director
Alice Moughamian	Cohort 18 Focus Group	Alum, C. 18	San Francisco Department of Public Health	Program Director
Barbara Ackerman	Cohort 18 Focus Group	Alum, C. 18	Riverside University Health System	Director, Behavioral Science
Charles Coffey	Cohort 18 Focus Group	Alum, C. 18	LAC+USC Medical Center	Associate Chief Medical Officer
Efrain Talamantes	Cohort 18 Focus Group	Alum, C. 18	AltaMed Health Services	Medical Director for Health Equity
Mercedes Kwiatkowski	Cohort 18 Focus Group	Alum, C. 18	Palo Alto Medical Foundation	Child Psychiatry Department Head, Palo Alto
Pauline Preciado	Cohort 18 Focus Group	Alum, C. 18	Gold Coast Health Plan	Director, Population Health

Name	Data Collection Activity	Relationship to Program	Organization	Title
Shannon Smith-Bernardin	Cohort 18 Focus Group	Alum, C. 18	Los Angeles County Department of Health Services	Director, Clinical Services
Vanessa Grubbs	Cohort 18 Focus Group	Alum, C. 18	Zuckerberg San Francisco General Hospital	Associate Professor
Carmela Castellano-Garcia	Exploratory Interviews	Field Influencer	California Primary Care Association	President and CEO
Elizabeth Benson Forer	Exploratory Interviews	Agency Sponsor; Alum, C. 3	Venice Family Clinic	CEO
Erica Murray	Exploratory Interviews	Field Influencer	California Association of Public Hospitals	President and CEO
Garrett Chan	Exploratory Interviews	Field Influencer	HealthImpact	CEO
Jerry Penso	Exploratory Interviews	Field Influencer; Alum, C. 1	American Medical Group Association	President and CEO
Jorge Cuadros	Exploratory Interviews	Field Influencer; Alum, C. 6	EyePACS	CEO
Karen Baylor	Exploratory Interviews	Field Influencer	Consulting, Behavioral Health Concepts (Formerly California Department of Health Care Services)	COO
Karen Mark	Exploratory Interviews	Field Influencer	California Department of Health Care Services	Chief, Office of AIDS
Kelly Pfeifer	Exploratory Interviews	CHCF Staff; Alum, C. 7	California Health Care Foundation	Former Director, High-Value Care
Kevin Rodondi	Exploratory Interviews	Healthforce Staff	UCSF Healthforce Center	Vice Chair (strategy & business), Department of Clinical Pharmacy
Lance Lang	Exploratory Interviews	Field Influencer	Covered California	Chief Medical Officer
Melissa Welch	Exploratory Interviews	Healthforce Staff	InnovAge	Chief Medical Officer

Name	Data Collection Activity	Relationship to Program	Organization	Title
Paul Giboney	Exploratory Interviews	Agency Sponsor; Alum, C. 9	Los Angeles County Department of Health Services	Associate Chief Medical Officer
Sunita Mutha	Exploratory Interviews	Healthforce Staff	UCSF Healthforce Center	Director
Susan Ehrlich	Exploratory Interviews	Agency Sponsor; Alum, C. 5	Zuckerberg San Francisco General Hospital	CEO
Theresa Frei	Exploratory Interviews	Agency Sponsor; Alum, C. 3	Sutter Health Foundation	CEO
Willard Hunter	Exploratory Interviews	Agency Sponsor; Alum, C. 6	Open Door Community Health Centers	Medical Director
Zoila Escobar	Exploratory Interviews	Agency Sponsor	AltaMed Health Services	Senior VP, AltaMed; President, AltaMed Foundation
Diana Ramos	In-depth Interview	Alum, C. 6	Los Angeles County Department of Public Health	Medical Director
Jei Africa	In-depth Interview	Alum, C. 16	County of Marin, Behavioral Health and Recovery Services, Department of Health and Human Services	Director
Jocelyn Freeman Garrick	In-depth Interview	Alum, C. 6	Alameda County Health Pipeline Partnership	Executive Director
Alen Voskanian	Mapping Session	Alum, C. 10	Cedars Sinai Medical Center	Medical Director
Alpa Sanghavi	Mapping Session	Alum, C. 16	San Mateo Medical Center	Chief Quality and Experience Officer
Calvin Wheeler	Mapping Session	Alum, C. 3	Kaiser Permanente	Physician-in-Chief
Erica Pan	Mapping Session	Alum, C. 12	Alameda County Health Care Services Agency	Director, Division of Communicable Disease Control & Prevention; Deputy Health Officer
Felix Aguilar	Mapping Session	Alum, C. 6	Blue Shield of California	Associate Vice President/ Medical Director

Name	Data Collection Activity	Relationship to Program	Organization	Title
Guillermo Diaz	Mapping Session	Alum, C. 11	Los Angeles County Department of Health Services	Chief Medical Information Officer
Hyung Kim	Mapping Session	Alum, C. 16	UCLA Medical Center	Associate Chief Medical Officer
Karen Ayers	Mapping Session	Alum, C. 13	Humboldt-Independent Practice Association, The Priority Care	Clinical Director and Transitionalist Nurse Practitioner
Kathleen Clanon	Mapping Session	Alum, C. 14	Alameda Health System	Agency Medical Director
Kelley Meade	Mapping Session	Alum, C. 12	UCSF School of Medicine	Interim Associate Dean, Clinical and Academic Affairs
Kelly Jones	Mapping Session	Alum, C. 18	Kedren Community Health Center	Chief Medical Officer
Loriann DeMartini	Mapping Session	Alum, C. 4	California Society of Health-Systems Pharmacists	CEO
Mathew Pauley	Mapping Session	Alum, C. 12	Kaiser Permanente	Regional Ethicist
Michael Changaris	Mapping Session	Alum, C. 18	Contra Costa County Health	Chief Training Officer, Integrated Health Psychology Training Program
Ricardo Alvarez	Mapping Session	Alum, C. 12	Mission Neighborhood Health Center	Medical Director
Wei-An (Andy) Lee	Mapping Session	Alum, C. 15	LAC+USC Medical Center	Medical Director, Specialty Services