

Bridging Medicine and Management

A Profile of Community Clinic and Health Center Medical Directors in California

*A Study Commissioned by
the California Primary Care
Association*

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Finally, we thank the many individual Medical Directors from around the State who gave their time to complete our survey or attend a focus group. We hope that this report captures the challenging and rewarding work they do ensuring a high quality of clinical care for California's underserved and uninsured communities.

Executive Summary

The California Primary Care Association (CPCA) commissioned this study to better understand and address the needs of the Medical Directors of California's 180 community clinics and health centers. This report discusses the key findings from a statewide survey and two focus groups conducted during the Summer of 2003 including Medical Director demographics, professional experience, and job rewards and challenges. Researched and produced by CompassPoint Nonprofit Services, the report concludes with recommendations—or Calls to Action—for clinic and health center leadership, CPCA and other associations, and the funders of community clinics.

Key Findings

Medical Directors are new to their roles and are first-time managers

- Many Medical Directors are very new to their jobs—with almost 45% in their current positions for less than two years. For two-thirds of Medical Directors, it is their first time in the role.
- Sixty-three percent (63%) of Medical Directors were recruited into the role from inside their organizations. Sixty-eight percent (68%) have worked in community clinics for less than 10 years—most as either staff physicians or residents.

Medical Directors identified their relationship to the CEO as a key to effectiveness and job satisfaction

- A large majority of Medical Directors feel valued by their CEOs and look to them for support and guidance. This relationship was characterized as critical to their success as Medical Directors.
- Medical Directors like being involved in decision-making. The arenas in which they were most likely to feel under-involved by their CEOs are annual budgeting (31%), information technology planning (24%), and public policy and advocacy (20%).

Medical Directors find their combination of medical and administrative responsibilities compelling and challenging

- Medical Directors are generally satisfied by their work. They rate their job satisfaction a 4.6 out of 6. They enjoy the interface between the clinical and administrative worlds and are deeply motivated by the mission of community clinics—particularly by the ability to serve specific patient populations—as well as by their role in improving the clinics' quality of care.
- Managing personnel, limited financial resources, senior staff turnover, balancing multiple duties, and communicating effectively with the executive management team are the top challenges for clinic Medical Directors.
- Many respondents feel under-prepared for their transition from solely clinical to administrative and managerial work.
- Medical Directors rely heavily on their management teams and peers for sources of support and information. Medical Directors at smaller clinics look more to formal sources of support such as CPCA and Regional Clinic Consortium than their counterparts at larger clinics do.

Although Medical Directors report a desire to remain in their current positions, the average tenure of the cohort is short

- Roughly half of Medical Directors expect to stay in their current positions for more than five years. Thirty-nine percent (39%) of those who would leave would take a Medical Director position at another community clinic.
- The fact that 43% of Medical Directors have been in their positions for less than two years suggests a high rate of turnover. Respondents have a mean tenure of five years; the median is three years.

- Despite their reported job satisfaction, Medical Directors have a difficult time conveying the rewards of the role to their fellow physicians, and are therefore concerned about recruiting replacements.

Medical Director salaries are higher than CEO salaries

- The mean Medical Director salary (\$129,581) is 39% higher than the average community clinic CEO salary (\$93,339).
- Because men tend to be Medical Directors at larger clinics, the average salary for female Medical Directors is \$121,958 compared with \$132,902 for males.

Medical Director demographics

- Men outnumber women in community clinic Medical Director positions. Sixty seven (67%) of Medical Directors are men.
- Medical Directors tend to be younger than their CEO colleagues—averaging 46 years of age.
- The majority of Medical Directors are white (61%); the other ethnic groups with 5% or more representation are Asian (15%), and Latino (10%).

Summary of Calls to Action

Clinic Leadership

- Focus attention and resources on Medical Director retention efforts.
- Invest in strong CEO-Medical Director relationships.
- Include Medical Directors in budgetary and planning activities.
- Support Medical Directors' ability to balance their wide array of responsibilities.

CPCA and Other Associations

- Use this report to inform CPCA's Clinician's Task Force strategic planning.
- Increase targeted services and professional networks for Medical Directors.

Funders

- Provide access for Medical Directors to management and business training to complement their clinical knowledge.
- Invest in professional development and planning initiatives where CEOs, Medical Directors, and CFOs are encouraged to work together.
- Support the clinic infrastructure necessary for Medical Directors to focus on priority responsibilities.

As essential members of the clinic management team, Medical Directors are charged with bridging the clinical care and management perspectives. This research suggests that while they may not have set out to become Medical Directors, the majority of physicians in that role across the State enjoy this challenge. At the same time, turnover of senior clinic staff is a major concern and there appears to be a host of steps key stakeholders can take to encourage longer Medical Director tenure and to support their development as community health leaders.



Background

Initiated by the California Primary Care Association (CPCA) and funded by the Community Clinics Initiative (a joint project of Tides and The California Endowment), this study was commissioned to identify ways in which CPCA and other stakeholders can better address the professional development needs of Medical Directors. Of particular interest to CPCA are Medical Director career paths, job challenges, and training and support requirements. CompassPoint Nonprofit Services was contracted to conduct the research and produce a report on the findings. The study's research design and publication format are intentionally similar to the design and format of *Securing the Safety Net: A Profile of Community Clinic and Health Center Leadership in California*, which focused on community clinic and health center CEOs. Where instructive, CEO data from *Securing the Safety Net* is presented for comparative purposes.



Methodology

An Advisory Committee was formed to guide CompassPoint’s research design and analysis. Primary data for this study was collected through a 38-question web-based survey and from two focus groups held in Northern and Southern California. In July 2003, a letter signed by Jan Masaoka, Executive Director of CompassPoint, Carmela Castellano, Chief Executive Officer of CPCA, and Dr. Susan Fleischman was sent via U.S. mail to 180 clinics in California. The letter invited Medical Directors to respond to an electronic survey. After an initial round of responses, a letter of reminder from Ms. Castellano was mailed, complementing the Advisory Committee’s outreach efforts.

Ultimately, 72 medical directors responded to the survey, constituting a 40% response rate. Surveys were anonymous and respondents are quoted without attribution throughout this report. Appendix A is a full copy of the online survey instrument. Please see Appendix B for a list of participating organizations.

The CompassPoint research team also conducted two one-and-a-half hour focus groups with clinic Medical Directors in August and September 2003. The focus group protocol reflected the survey instrument, with particular emphasis on job challenges and rewards, issues affecting retention and turnover, and the needs for support and training of California’s community clinic and health center Medical Directors. The focus group sessions were audio taped and a number of focus group participants are quoted without attribution throughout this report. Please see Appendix C for a list of focus group participants.

Clinic Demographics

The survey sample includes clinics of all budgets, staff, and client population sizes from across the State. Following are the key demographics of the sample’s 72 clinics.¹

FIGURE 1 Clinic Respondents by Budget Size

<i>Budget</i>	<i>No. of respondents</i>	<i>% of respondents</i>
< \$500,000	1	1.5
\$500,000 - \$1 million	4	6
\$1 - 3 million	16	23.9
\$3 - 5 million	11	16.4
\$5 - 10 million	13	19.4
\$10 - 20 million	12	17.9
\$20 million or more	10	14.9
	67	

FIGURE 2 Clinic Respondents by Paid Staff Size

<i>Paid staff</i>	<i>No. of respondents</i>	<i>% of respondents</i>
0 - 25	9	12.9
26 - 50	18	25.7
51 - 99	10	14.3
100 - 299	22	31.4
300 and above	11	15.7
	70	

FIGURE 3 Clinic Respondents by No. of Unduplicated Clients Per Year

<i>Clients</i>	<i>No. of respondents</i>	<i>% of respondents</i>
< 5,000	9	13
5,000 - 9,999	12	17.4
10,000 - 29,999	25	36.2
30,000 - 49,999	12	17.4
50,000 - 99,999	8	11.6
100,000 and more	2	1.4
	69	

FIGURE 4 Clinics by Year Founded

<i>Year founded</i>	<i>% of respondents</i>
Pre 1960	6%
1960s	9%
1970s	56%
1980s	13%
1990s to present	18%

¹ Not all 72 participants responded to every question.

Findings

“Our patients are 75% Hispanic, 15% Asian, but our providers and leaders are 80% caucasian-white. Our Medical Assistants are 100% Hispanic.”

A Medical Director Characteristics

Medical Directors have significantly different demographics as a group than community clinic CEOs. Medical Directors are more likely than their CEO colleagues to be male; to be under 50 years old; and to have high levels of graduate education. Given the importance of the Medical Director-CEO relationship to their respective job effectiveness and satisfaction, these differences in personal characteristics are particularly relevant.

Age The age of respondents ranges from 31 to 74 years old. Two-thirds (66%) of Medical Directors are between 30 and 49 years old. Again, this contrasts with the CEO cohort where 70% are 50 years or older.

Ethnicity A majority (61%) of Medical Directors in community clinic settings are white.

Medical Directors emphasize the difficulty in recruiting and retaining clinical leadership in general—and especially from communities of color. Of particular concern was the desire to reflect patient population(s).

Like their CEO colleagues, Medical Directors are also concerned about the dearth of potential leaders of color in the pipeline. However, one

respondent felt confident about the increasing diversity among Medical Directors: “Overall, I have been impressed with the quality and diversity of local community clinic leadership. There appears to be a passing of the torch going on as the next generation of leadership begins to take on leadership responsibilities. Our own clinic is led by an extremely diverse staff.”

Gender A full two-thirds of Medical Directors are male (67%). This is quite different from CEOs—59% of whom are female. Male Medical Directors outnumber women in four out of six budget categories. There were no female Medical Director respondents for organizations with budgets of \$20 million or more.

Education Medical Directors are required to have medical degrees. The majority of respondents are family practitioners, pediatricians, or internists. Unlike CEOs, a minority of Medical Directors—about 20%—have formal backgrounds in management, policy, or administration in the form of additional graduate degrees in Public Health, Business Administration, or Medical Management.

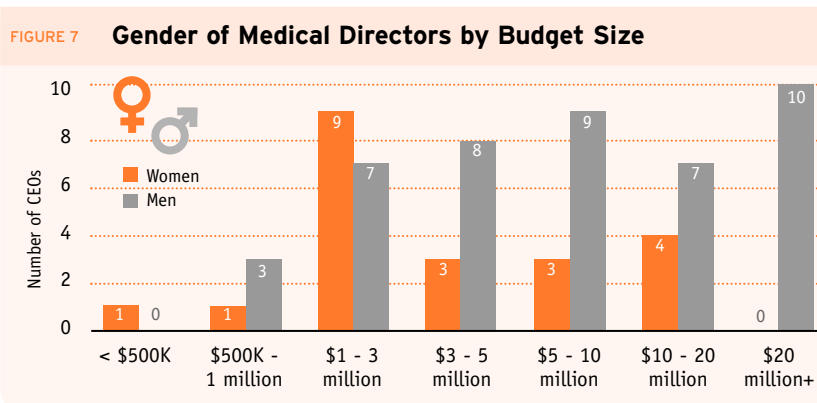
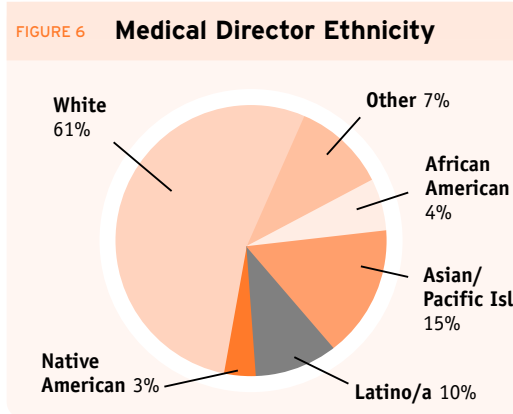
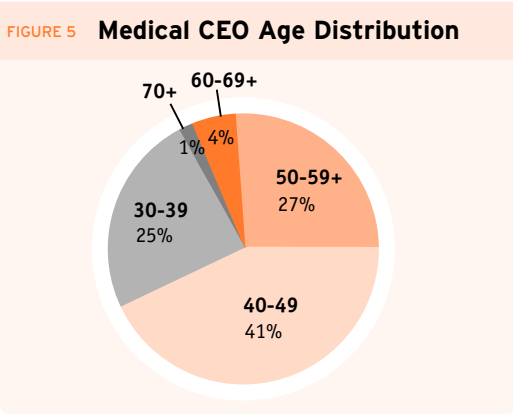


FIGURE 8 Medical Director Specialties & Additional Degrees

Family Practice	46%
Pediatrics	25%
Internal Medicine	23%
General Medicine	5%
Obstetrics & Gyn.	1%
Masters in Public Health	11%
Masters in Business Administration	6%
Masters in Medical Management	5%

Does not total 100% due to some participants having more than one degree.

B Career Paths to Medical Director

The vast majority of Medical Directors are recruited from within their organizations. Most are first-time administrators and managers who have previously focused on providing clinical care. They are new to the job; 42% of Medical Directors have held the position for less than two years. According to focus group participants, it is not uncommon to “fall into” the role of Medical Director as opposed to planning and preparing to take it on.

Years worked in community clinics

Medical Directors have not worked in community clinics for a long time. In fact, 68% of them have worked 10 or fewer years in this setting, and half of these for fewer than five years. This is dramatically different from CEOs, half of whom have been in their field for 16 or more years.

FIGURE 10 Years in Current Position

Years	# of respondents	%
< 2	31	44
2-4	14	20
5-7	11	16
8-10	7	10
11-15	3	4
16+	4	6

Years in current Medical Director Position

For about two-thirds of Medical Directors, it is their first time in this role. Forty-three percent (43%) of Medical Directors have been in their current positions for two or fewer years. In contrast, 22% of CEOs have been in their positions for more than 15 years. The average tenure among Medical Directors is 5 years, with a median of 3 years. This suggests a high rate of turnover among Medical Directors—a trend corroborated by participants in both focus groups.

FIGURE 11 Been a Medical Director Before?

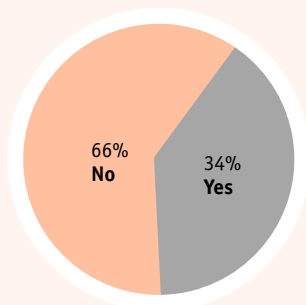
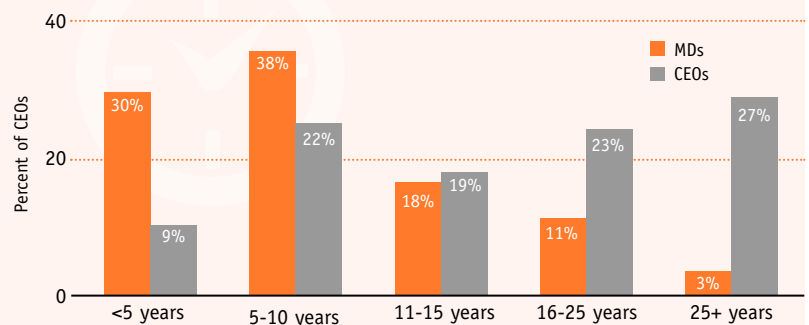


FIGURE 9 Years Worked in a Community Clinic



Of the 63% who were hired from within, more than three-quarters (89%) had been staff physicians or Associate Medical Directors immediately before becoming Medical Directors. Of the one third who did not work at the same clinic prior to becoming Medical Director, nearly half were either in private practice or resident physicians.

FIGURE 12 Hired From Within the Organization

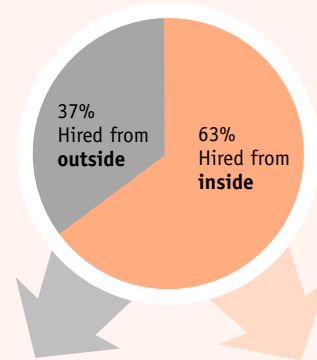
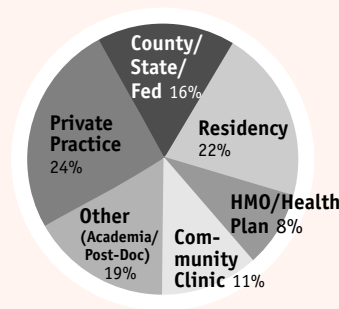
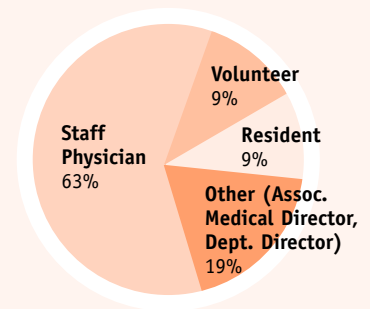


FIGURE 13 Position Before Becoming Medical Director

Previous position, if **not** hired from within



Previous position, if hired from within



“I was not seeking or anticipating or aspiring to become an MD. It was just out of loyalty and obligation to our organization and because I felt that it was in its best interest to get someone from the inside that eventually I said yes to multiple offers to become the Medical Director.”

Motivations for taking the job A majority of focus group participants note that they had been doing this job informally for some time before being officially made a Medical Director. They also report that they had initial doubts about taking on the role. None of the focus group participants had any formal intention of becoming a Medical Director. One participant tells that he decided to take on this position out of loyalty to the organization.

The clinic’s mission is the overwhelming motivation for Medical Directors to take the position. Some also see it as an opportunity for professional growth. Like CEOs, Medical Directors ranked salary and benefits last among possible motivators for taking the job—though it did rank significantly higher for Medical Directors (3.3 out of 6) of larger clinics than for those of smaller clinics (1.5).

The various aspects of the clinic’s mission are very important to Medical Directors. Working with the particular community clinic population is the most attractive aspect, followed by the care delivery model and the community clinic setting. In fact, CEOs and Medical Directors are motivated by the same factors, which appears to be a solid foundation upon which they can develop an effective partnership.

FIGURE 14 Motivations for Becoming a Medical Director

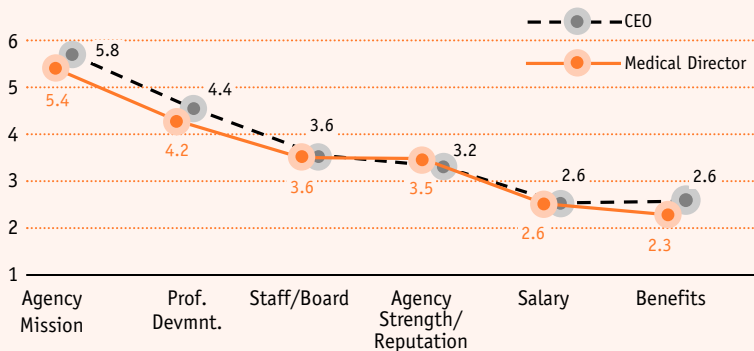
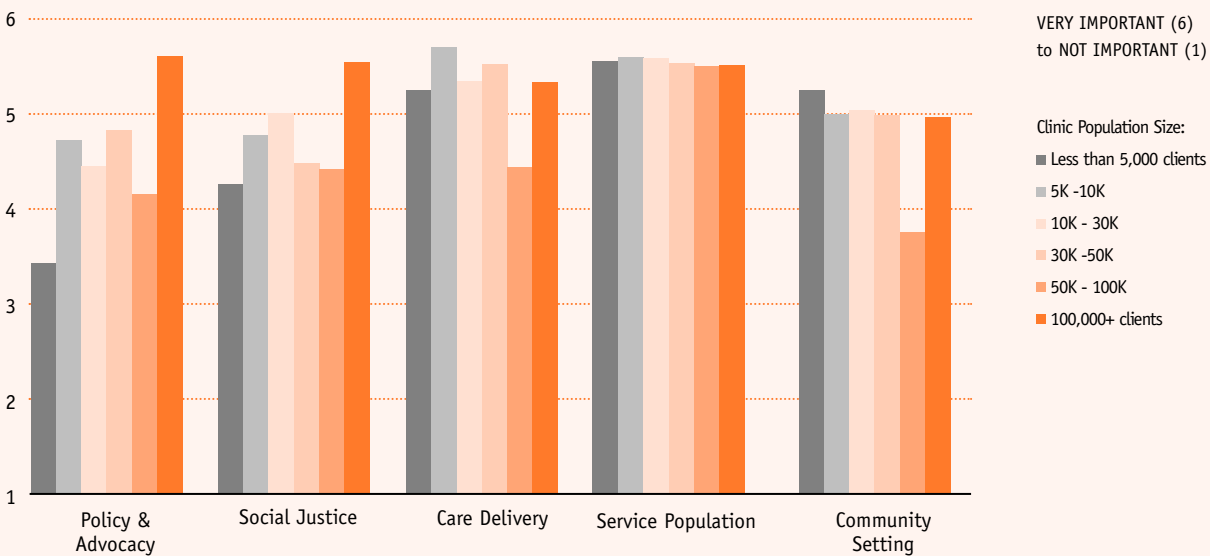


FIGURE 15 Mean Ranking of Aspects of Clinic Mission that Attract Medical Directors



C Salary

Medical Directors are satisfied with their pay and earn more on average than clinic CEOs. The mean salary for California community clinic Medical Directors is \$129,581 compared to the CEOs' mean salary of \$93,339.²

Medical Director salaries range from \$31,200 to \$190,000. The strongest predictor for a high salary is the size of clinic staff and budget; the average salary ranges from \$99,355 for smaller clinics to \$159,851 for large clinics.

The mean salary across all clinics for men is \$132,902 and \$121,958 for women.

FIGURE 16 Clinic Medical Director Salaries

Low: \$31,200
 High: \$190,000
 Median: \$130,000
 5% trimmed mean: \$129,581

“Medical Directors are the mediators and cheerleaders for program; we work to understand why things happened the way they did.”

FIGURE 17 Average Medical Director Salaries by Clinic Budget Size

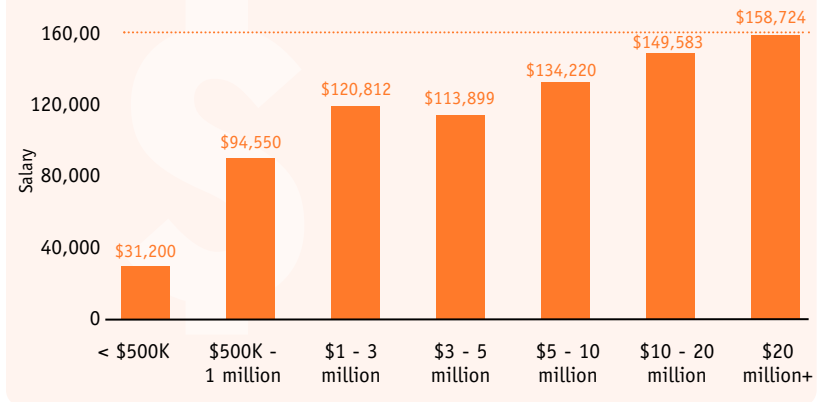
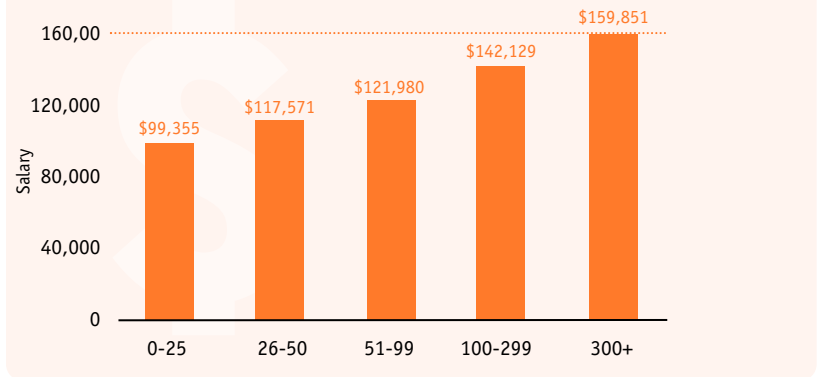


FIGURE 18 Average Medical Director Salaries by Staff Size



² We use the 5% trimmed mean, which is a mean calculated after the top and bottom 5% of scores (outliers) are eliminated.

D Job Responsibilities

Medical Directors characterize themselves as the “bridge” between clinic and administrative staff. They are often charged with managing the clinical staff and implementing administrative changes or procedures mandated from the executive or financial departments of the clinic. It is this range of duties and responsibilities that makes the job satisfying for the majority of Medical Directors. However, some Medical Directors feel under-involved in budgetary, planning, and public policy decisions (see Figure 21). They attribute this under-involvement to an underestimation by CEOs of their ability to “see the bottom-line.” Some believe it is a result of the long tenures and “founder’s syndrome” among CEOs. In other words, long-time CEOs are used to making decisions on their own and may not consider their Medical Directors’ participation necessary in some key decisions.

Management and Clinical Responsibilities

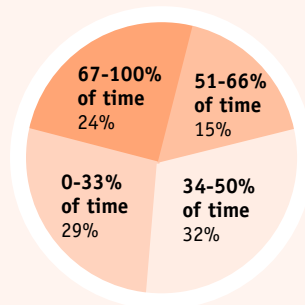
Most Medical Directors (83%) work full time, between 30 and 59 hours per week. Twelve percent (12%) of Medical Directors work more than 60-hour weeks. Medical Directors have both clinical and administrative or managerial responsibilities; sixty percent (60%) of Medical Directors spend 50% or less of their time on direct patient care. Generally, Medical Directors are satisfied with this ratio.

Medical Directors feel that treating patients is a critical aspect of their position. When not seeing patients, they are involved in a variety of activities including program planning, teaching, and public policy and planning. Almost all Medical Directors (90%) are part of their CEOs management team, though only 64% participate in

“I still see patients 40% of the time. Coupling front-line work with the ability to bring change to the organization is very fulfilling. I can only gain insight by still seeing patients.”

“There are some clinical programs in which I have no say or input, yet I am responsible for putting the providers in place. Doesn't feel great to me.”

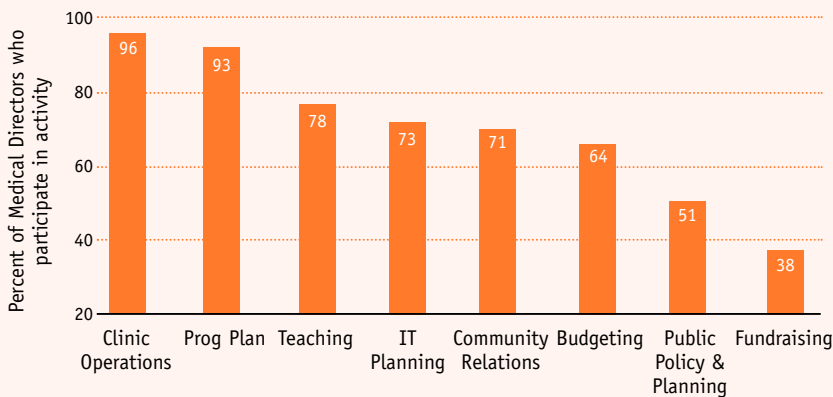
FIGURE 19 Percent of time spent on direct patient care



budgeting activities—a key decision-making process.

In general, Medical Directors do not feel that their CEOs involve them “too much.” Only the function “clinic operations” had a substantial group (17%) of respondents who feel they are involved too much. On the other hand, 31% feel that they are involved too *little* in budgeting; 24% want more involvement in IT planning; and 20% feel they are under-involved in public policy and advocacy activities.

FIGURE 20 Key Activities for the Medical Director



Sixty percent (60%) of Medical Directors run a clinic management team separate from their CEO's management team. The data did not show any relationship between size of clinic—either in terms of budget size or number of patients—and tendency to run a team. Most of these teams include nursing staff and providers. However, team members vary. When asked to share who was on their own management teams, Medical Directors included the following titles: Director of Operations, Director of Nursing, Dental Director, Director of Pharmacy, Director of Education & Outreach, Associate Medical Director, Assistant Medical Director, Clinic Manager, RN Supervisor, and Medical Record Supervisor. About 91% of these teams meet at least once per month; 35% meet weekly. While in about three-quarter of cases the team is authorized to make decisions in the absence of the Medical Director, less than 45% of Medical Directors have a specific second-in-command.

FIGURE 21 Degree to which Medical Directors Feel Involved by their CEO

Function	Too Little	The Right Amount	Too Much
Budgeting	31%	67%	1%
Information Technology Planning	24%	71%	4%
Public Policy & Planning	20%	80%	0%
Community Relations	19%	80%	1%
Program Planning	17%	83%	0%
Fundraising	17%	82%	1%
Teaching	10%	90%	0%
Clinic Operations	11%	72%	17%

Success as a Medical Director, according to survey and focus group respondents, depends on being able to listen, manage people well, and apply different kinds of knowledge. Having open and productive channels of communication between the CEO, other senior management team members, and the Medical Director is also emphasized and characterized as essential by participants of both focus groups. One participant called this open communication “the most critical thing necessary to being a successful Medical Director.”

E Job Rewards and Challenges

Medical Directors are happy as a whole, ranking their satisfaction a 4.6 out of 6. On a scale of 1 (not satisfied) to 6 (very satisfied), 83% of Medical Directors ranked their satisfaction as a 4 or higher; and a full 50% give their job satisfaction a 5 out of 6. The focus groups reinforced the high level of job satisfaction among Medical Directors.

A large majority of Medical Directors (84%) feel valued by their CEOs and look to them as a source of personal support. Both survey respondents and focus group participants identified this relationship and their participation in program planning as the most important characteristics for being a successful and happy Medical Director.

Medical Directors find the mix of responsibilities, problem-solving challenges, and the interface between the clinical, community, and administrative functions most fulfilling. When asked what was most satisfying to them in their jobs, Medical Directors share the following:

“The combination of patient care, administration, political advocacy, fundraising and program development, I couldn’t find this mix anywhere else.”

“My ability to work in a position that allows me to utilize my training in both Medicine and Public Health as well as to be creative to solve problems and improve access to and the quality of health care provided to the underserved.”

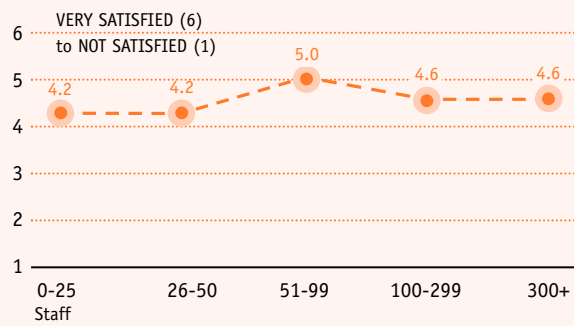
“Interfacing/mediating between providers and Administration; making progress with relationships in the community.”

“My ability to contribute to community health in a way I wouldn’t be able to as a straight clinician. I can affect the lives of many more people.”

Job Challenges Medical Directors identify managing personnel issues as the most challenging factor in their job, which is not unexpected since Medical Directors play the role of mediator and negotiator between a clinic’s administrative and medical teams. Closely following these personnel issues is dealing with limited resources and balancing their various duties. Feeling responsible for their staff’s satisfaction is also a key stressor for Medical Directors. A clinic’s board

“I like the diversity of doing both administrative and clinical work. I like helping to keep our clinic up with the changing needs of our community and addressing the needs of our patients.”

FIGURE 22 Job Satisfaction by Clinic Staff Size

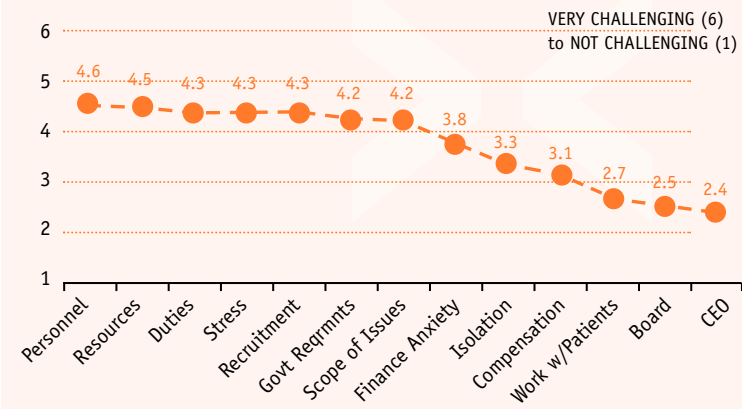


and CEO are considered among the lowest stressors for Medical Directors—though among the minority for whom these relationships are stressful, job satisfaction is severely limited.

Staff recruitment and retention, scope of issues, and anxiety about finances are of particular concern to small organizations (4.9, 4.8 and 4.8 respectively). Interestingly, the least stressed Medical Directors were those managing clinics with between 51 to 99 staff members. The most stressed Medical Directors were in those clinics with fewer than 50 staff members, presumably because they have fewer staff among whom to distribute responsibilities.

Those Medical Directors who are less satisfied with their job attribute their unhappiness to the difficulty in managing their relationships with their CEOs and the high level of turnover among clinic senior staff. These Medical Directors feel misunderstood by their bosses and as a result, under-involved. Some resulting challenges Medical Directors articulate include implementing initiatives or directives that are designed without their input, and dealing with the stereotype of clinic doctors being “old hippies without any sense of numbers.”

FIGURE 23 Challenges for Medical Directors



“Most Docs don’t understand how hard this job is, and EDs, frankly, don’t understand either how complex the role is. We have a lot going on and we still worry about patients. You don’t give up the Doctor mentality when you become a Medical Director.”

Another issue mentioned as being “very challenging” for Medical Directors is having an inexperienced board of directors. Several Medical Directors mentioned the need for a board to be a source of support and guidance to their CEOs—particularly to those who are new and without a medical background.

Finally, some Medical Directors feel expendable. As one focus group participant states, “The biggest challenge for us Medical Directors is that we keep leaving every two years. I don’t even know if CEOs perceive it as a problem.”

“By being the only voice with any clinical experience at all, it is very difficult to convincingly convey to the other Executive Team members the demands of clinical care and the accommodations needed to provide high quality care.”

“Our board of directors is useless. They have no expertise in the medical field or business field; they lack insight; and are not a guiding force for the future of the clinic.”

The data presents a paradox: While Medical Directors appear satisfied with their jobs, the short tenure indicates a high rate of turnover. On the other hand, this is unsurprising since the average tenure for a staff physician in a community clinic is about two years according to participants in this study. Some Medical Directors attribute the short tenure to a “difficult” or unsympathetic CEO. Another possible factor adding to the short tenure is the burn-out experienced by physicians in this environment—particularly by Medical Directors given the myriad of responsibilities assigned to them.

F Professional Development Needs

Medical Directors look to their clinic colleagues and CEOs for professional development. Many Medical Directors feel unprepared for the transition from clinical to administrative work; and several identified coaching in communication and team building as ways to help cement a positive working relationship with their CEOs.

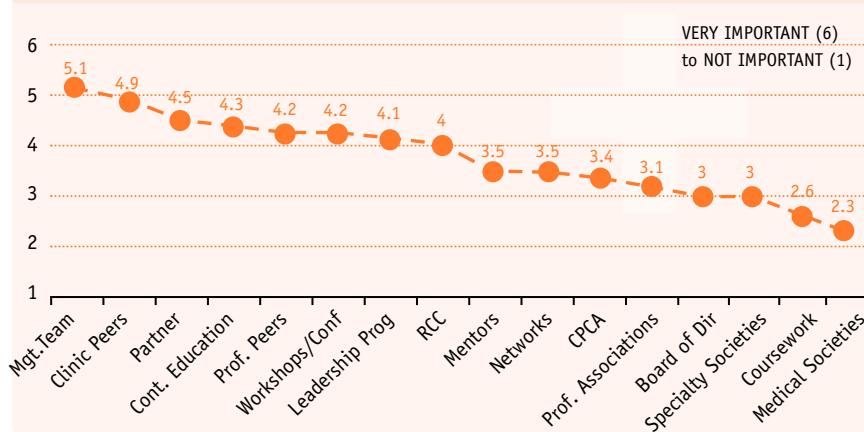
Sources of Training and Support

Medical Directors use both formal and informal sources to learn and continue developing in their role. The most important sources of support and learning for Medical Directors are informal—their management teams and clinic peers, or the on-the-job, and day-to-day relationships with colleagues. Training sources such as continuing education and workshops and conferences

ranked higher than academic coursework and medical societies. Small clinics ranked formal resources such as CPCA and the Regional Clinic Consortia as more important sources of training and support to them than other clinics did.

Some respondents stress the challenges of being “thrown into the job” without adequate or formal training in management and administration. The need for support and training, focus group participants highlighted, is also often complicated by the change in the way Medical Directors are viewed by their clinical peers as they move into managerial roles. Many respondents find the Community Clinics Initiative-Harvard School of Public Health and the Region IX Medical Director Conference especially valuable.

FIGURE 25 Sources of support and training



G Post Medical Director Career Paths

Medical Directors enjoy their jobs and are committed to not only the field, but to their individual clinics as well. Almost half (47%) say they plan on staying in their current position for more than 5 years. However, as noted previously, these intentions conflict with the tenure data reported earlier.

When asked what Medical Directors are most likely to do upon leaving their current positions, 32% would like to take up another Medical Director position or return to direct clinical practice, 28% indicated “other”, and 10% would engage in consulting. Only 18% plan to retire as their next career move. Another 4% would become CEO of another clinic, 4% would work in philanthropy, and 4% would research or teach. Of those who would take a Medical Director position elsewhere, 39% are likely to work at another community clinic.

FIGURE 24 Number of Years Medical Directors plan on staying in current position

Years	% of respondents
> 1	7%
1-2	11%
3-5	35%
5+	47%

When asked about preparing others for their jobs, Medical Directors highlight the difficulty in making the role look appealing because the job is often hard for them to explain and for their provider colleagues to understand.

“Docs don’t want this job because they don’t understand what we do.”

Medical Director focus group participants do not appear to want to become CEOs. They indicated that they value the clinical aspect of their jobs and do not want to stop seeing patients. Furthermore, many highlighted that the need to fundraise and work with a board was particularly unappealing to them.

“We have a long way to go. We have not yet created a pipeline of physicians motivated to be Medical Directors.”

Calls to Action

The findings suggest a number of potential responses for key stakeholders in California's community clinic field. With guidance from our Advisory Committee, we propose the following next steps for clinic leadership, CPCA and other associations, and funders.

Clinic Leadership: Medical Directors, CEOs, and Boards of Directors

Focus attention and resources on Medical Director retention efforts.

Making what is often an *ad-hoc* recruiting strategy more purposeful will allow clinic leadership to better address the organization's specific needs and goals in selecting a Medical Director. Additionally, identifying ways to support Medical Directors in their transition from solely clinical to management and administrative work will alleviate key sources of stress for them. Through effective exit-interviewing and other inquiries, it makes sense for CEOs to acquire a better understanding of the factors leading to the high levels of turnover among senior clinic staff and to develop and implement explicit retention strategies.

Invest in strong CEO-Medical Director relationships.

Medical Directors resoundingly identified this relationship as a key to their success and happiness in their jobs. Medical Directors highlighted spending time with the CEO at external professional activities as a way to further solidify the relationship while also growing professionally. CEOs should frequently take time out to communicate with their Medical Directors to build mutual trust and collaboration in clinic leadership. The fact that both populations identify serving the under-served communities who use their services as the driving motivation for their work can be a good foundation for this relationship.

Include Medical Directors in budgetary and planning activities.

Organizations with interdisciplinary management teams that practice cooperative leadership are typically more effective, especially as they grow. By making the Medical Director a full management partner with the CEO and CFO, as intended by Federal Section 330 guidelines, the capacity for Medical Directors to be effective mediators and advocates for the clinical and administrative functions is increased. Boards of Directors also have a role in ensuring that this model of cooperative leadership is in place.

Support Medical Directors' ability to balance their wide array of responsibilities.

Medical Directors—particularly those new to their roles—need support in balancing their clinical and management responsibilities. Moreover, those without ample administrative or analytical support are likely to be stressed and ultimately to turnover. CEOs should regularly assess the staffing as well as professional development needs of their Medical Directors to ensure that the job is sustainable.

CPCA and other Associations

CPCA's Clinician's Task Force can use this report to inform its strategic vision.

Through a better understanding of its Medical Director members, the Clinician's Task Force can help focus CPCA on developing strategies to decrease Medical Director turnover and strengthen the partnership between CEOs and Medical Directors. Indeed, this study comes at an opportune time. The incoming chair of CPCA's Board of Directors, Dr. Susan Fleischman, is a Medical Director who can bring the issues faced by her peers on to CPCA's strategic agenda. Other associations can make similar use of these findings to develop their local and regional strategies in support of clinical leadership.

Increase targeted services and networks for Medical Directors.

CPCA and other associations can assist by developing and providing professional development tools and opportunities for Medical Directors. This could include a mentoring program that matches new Medical Directors with colleagues who have substantial experience in the role. A topical online referral system could connect Medical Directors to content as well as expert referrals. Local or regional consortia could institute brief “institutes” or “orientation sessions” for incoming Medical Directors. These and/or other ideas for decreasing isolation and building skills and knowledge among Medical Directors are ideal roles for CPCA and other associations to play.

► **Funders**

Provide access for Medical Directors to management and business training to complement their clinical knowledge.

A number of participants in this study favorably mentioned the Harvard School of Public Health programs and the Region IX conference. Given their tendency to “fall into the job,” providing access to communication, management, and business training is a key way that funders can support the effective transition of physicians to Medical Directors. This funding could go to both individual clinics and to the providers of training such as regional and statewide associations.

Invest in professional development and planning initiatives where CEOs, Medical Directors, and CFOs are encouraged to work together.

In challenging financial times, professional development and strategic planning are often the first line items cut in an organization’s budget. Funders can help to strengthen clinic and health center effectiveness by investing in joint learning opportunities for senior management teams. What might be otherwise cost-prohibitive—facilitated planning and/or learning by the whole group—if

It would be nice to have a textbook entitled, “Everything You Need to Know About Being a Medical Director.”

funded, could allow this cohort of key managers to make significant strides in coalescing as a leadership team. For example, the Community Clinics Initiative encouraged this cooperation by scoring IT grants proposals higher when a Medical Director was meaningfully involved in the clinic’s IT planning.

Support the clinic infrastructure necessary for Medical Directors to focus on priority responsibilities.

Several respondents highlighted that administrative duties severely cut into the time many Medical Directors have available for focusing on senior-level planning and management issues. Funders who invest in clinic infrastructure allow for adequate staffing and systems so that professional staff and leadership can focus on those tasks that actually move a clinic forward in its development and operations.

“Currently we are in growth mode and I do not have enough time to do the administrative side without doing it at home on off hours.”

Conclusion

Medical Directors are trained physicians who have taken on significant management responsibilities. In the 180 community clinics and health centers across California they contribute to organizational planning and direction; they supervise and teach healthcare providers; and they both provide and ensure a high quality of clinical care for the State's underserved communities. It's a job that is not always well understood by those who have never held it and historically one that has experienced a good deal of turnover. This research underscores the significance of the Medical Director-CEO partnership in effective community clinic leadership. It also confirms that Medical Directors seek customized support and professional development opportunities to overcome the inherent challenges of their roles. It makes sense for clinic leadership, consortia and associations, and funders of California's community clinics to pay special attention to supporting and developing this cohort of clinical leaders.

Survey Instrument

California Community Clinics Medical Director Survey

Confidentiality: For purposes of comparative analysis by region, size and other factors and for purposes of tracking our response rate, we are asking for your organization's name and location. However, all surveys are being received and analyzed by CompassPoint and none of your answers will be attributed to you by personal or organizational name in any report on these findings.

Directions: Unless asked to write in a response, choose the letter or number next to the answer of your choice for each question. Throughout, please choose **only one answer** to each question—the one that comes closest to being accurate for you.

PLEASE TELL US ABOUT YOUR CAREER PATH

1. How many total years have you worked in community clinics (in any capacity)?

- Less than 5 years
- 5 - 10 years
- 11 - 15 years
- 16 - 25 years
- More than 25 years

2. For how many years have you been in your current Medical Director position?

_____ Years

3. Have you previously held a Medical Director position?

- Yes
- No

4. Were you working or volunteering at your current agency before you became the Medical Director?

- Yes
- No

IF YES, for how long? # _____ Years

IF YES, what was your role in your current agency immediately prior to becoming Medical Director?

- Staff physician
- Volunteer physician
- Resident
- Other: (Please write in) _____

IF NO, in which sector were you working immediately prior to becoming Medical Director?

- Private practice (solo/group)
- Residency
- County/State/Federal Gov't
- Kaiser _____
- Other HMO/Health Plan
- Other Community Clinic
- Other: (Please write in) _____

5. On a scale of 1 - 6, how much were you motivated by each of the following factors in deciding to take your current job as Medical Director?

- My professional career development
(Not at all) 1 2 3 4 5 6(Very much)
- The organization's mission
(Not at all) 1 2 3 4 5 6(Very much)
- The salary
(Not at all) 1 2 3 4 5 6(Very much)
- The benefits (e.g. healthcare, retirement plan, etc)
(Not at all) 1 2 3 4 5 6(Very much)
- Staff and/or board members I knew at the agency
(Not at all) 1 2 3 4 5 6(Very much)
- The perceived financial and/or programmatic strength of the agency
(Not at all) 1 2 3 4 5 6(Very much)

6. On a scale of 1 - 6, how much did each of the following aspects of a community clinic's mission attract you to your current job as Medical Director?

- The public policy and advocacy aspect of the mission
(Not at all) 1 2 3 4 5 6(Very much)

- The social justice aspect of the mission
(Not at all) 1 2 3 4 5 6(Very much)
- The health care delivery aspect of the mission
(Not at all) 1 2 3 4 5 6(Very much)
- The service to under-served populations aspect of the mission
(Not at all) 1 2 3 4 5 6(Very much)
- The nature of the clinical practice in a community setting
(Not at all) 1 2 3 4 5 6(Very much)

B. PLEASE TELL US ABOUT YOUR CURRENT JOB EXPERIENCE.

7. Are you a full-time employee?

- Yes
- No

8. How many hours per week do you work?

9. On a scale of 1 - 6, how satisfied are you overall with your current job as Medical Director?

(Not satisfied) 1 2 3 4 5 6(Very satisfied)

10. What do you find most fulfilling about your job as Medical Director? Please write in:

11. Which three (3) of your skills are most responsible for your success as Medical Director?

Skill 1 _____
Skill 2 _____
Skill 3 _____

12. What is your current salary (excluding benefits and other non-monetary compensation) expressed in annualized, full-time dollars? (e.g. if you're paid \$50,000 for half-time work, you would answer \$100,000)

\$ _____

13. On a scale of 1 - 6, how satisfied are you with your total compensation package?

(Not satisfied) 1 2 3 4 5 6(Very satisfied)

14. To what degree are these factors challenging to you in your role?

- High stress and long hours
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- Managing personnel problems
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- Low compensation
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- Anxiety about agency's finances
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- Dealing with government funding and/or program requirements
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- Feeling "lonely at the top"/isolation
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- Scope and variety of issues and responsibilities
(Not a challenge) 1 2 3 4 5 6(Very challenging)

Survey Instrument (continued)

- i. Staff recruitment and retention
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- j. Balancing administrative duties with direct patient care
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- k. Working with the clinic's patients
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- l. Clinic(s) geographic location
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- m. Limited resources to meet patient needs
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- n. Working with my CEO
(Not a challenge) 1 2 3 4 5 6(Very challenging)
- o. Working with my Board of Directors
(Not a challenge) 1 2 3 4 5 6(Very challenging))

Please list any other factors that are very challenging:

15. Knowing that the future may be impossible to predict, how much longer do you imagine that you'll stay in your current position as Medical Director?

- a. Less than 1 year
b. 1 - 2 years
c. 3 - 5 years
d. More than 5 years

16. What are you most likely to do upon leaving your current position?

Retire
Medical Director or similar position

IF YES, in which area:

- a. Private practice (solo/group)
b. County/State/Federal Gov't
c. Kaiser
d. Other HMO/Healthplan
e. Other Community Clinic
f. Hospital

Be CEO of another Clinic
Work in philanthropy
Consulting
Research/teaching
Other, please write in: _____

C. PLEASE TELL US ABOUT YOUR MANAGEMENT RESPONSIBILITIES AND RELATIONSHIPS.

17. What percentage of your time do you spend on direct patient care? % _____

18. Are you on your CEO's management team?

- a. Yes b. No

19. Do you regularly participate in the following functions?

Function Y / N
Fundraising Y / N
Program Planning Y / N
Budgeting and Financial Management Y / N
Clinic Operations Y / N
Public Policy and Advocacy Y / N
Community Relations Y / N
Information Technology Planning Y / N
Teaching Y / N

20. For each of the following areas, do you feel that your CEO involves you "too little," "the right amount," or "too much":

- a. Fundraising
Too little Right amount Too much
- b. Program Planning
Too little Right amount Too much
- c. Budgeting and Financial management
Too little Right amount Too much
- d. Public Policy and Advocacy
Too little Right amount Too much
- e. Community/public relations
Too little Right amount Too much
- f. Information Technology Planning
Too little Right amount Too much

21. Is your Executive Director/CEO a source of personal support to you as Medical Director?

- a. Yes b. No

22. Do you feel valued by your CEO? Please write in:

23. As Medical Director, do you run a clinic management team (other than your CEO's management team)?

- a. Yes b. No

IF YES, please list member titles: _____

IF YES, how frequently do you meet with your clinic management team?

- a. Weekly
b. Monthly
c. Quarterly
d. Semi-annually
e. Annually

IF YES, is the clinic management team authorized to make decisions in your absence?

- a. Yes b. No

24. As Medical Director, do you have a 2nd in command? a. Yes b. No

IF YES, title:

25. Do you have any thoughts on issues of diversity (race, gender, class, sexual orientation, etc) among community clinic leadership? Please explain:

D. PLEASE TELL US ABOUT YOUR TRAINING AND SUPPORT NETWORK.

26. On a scale of 1 - 6, how important is each of these sources of training and/or support to you in your ongoing development as a Medical Director?

- a. My management team/staff
(Not important at all) 1 2 3 4 5 6(Very important)
- b. My spouse/partner
(Not important at all) 1 2 3 4 5 6(Very important)
- c. Clinic peers
(Not important at all) 1 2 3 4 5 6(Very important)
- d. Other professional peers
(Not important at all) 1 2 3 4 5 6(Very important)

Survey Instrument (continued)

- e. My mentor(s)
(Not important at all) 1 2 3 4 5 6 (Very important)
- g. Professional associations
(Not important at all) 1 2 3 4 5 6 (Very important)
- h. College-based management coursework
(Not important at all) 1 2 3 4 5 6 (Very important)
- i. Topical workshops and conferences
(Not important at all) 1 2 3 4 5 6 (Very important)
- j. My board members
(Not important at all) 1 2 3 4 5 6 (Very important)
- k. Networks, such as:
National Association of Community Health Centers
(Not important at all) 1 2 3 4 5 6 (Very important)
California Primary Care Association
(Not important at all) 1 2 3 4 5 6 (Very important)
Regional Clinic Consortium
(Not important at all) 1 2 3 4 5 6 (Very important)
Specialty Societies
(Not important at all) 1 2 3 4 5 6 (Very important)
Local Medical Societies
(Not important at all) 1 2 3 4 5 6 (Very important)
- l. Continuing Medical Education
(Not important at all) 1 2 3 4 5 6 (Very important)
- m. Leadership Programs
(Not important at all) 1 2 3 4 5 6 (Very important)

List any other sources of training and/or support to you: _____

E. PLEASE TELL US ABOUT YOUR CLINIC.

- 27. Your organization's name?**
- 28. City name of your organization's main office/site?**
- 29. Number of sites that are part of your organization?**
- 30. Please choose one of the following to describe the primary location(s) of your organization:**
a. Urban. Frontier
b. Sub-urbane. Some combination of answers a. – d.
c. Rural
- 31. In what year was your organization founded?**
- 32. How many paid full-time and part-time staff does your organization employ?**
- 33. What is the annual operating budget of your organization?**
a. Less than \$500,00
b. \$500,00 - \$999,999
c. \$1 million - \$2,999,999
d. \$3 million - \$4,999,999
e. \$5 million - \$9,999,999
f. \$10 million - \$19,999,999
g. \$20,000,000 or more

34. What number of unduplicated patients does your clinic serve in one year?

- a. Less than 5,000 e. 50,000 – 99,999
b. 5,000 – 9,999 f. 100,000 – 199,999
c. 10,000 – 29,999 g. 200,000 or more
d. 30,000 – 49,999 h. N/A, we do not serve patients directly

F. PLEASE TELL US ABOUT YOURSELF**35. What is your age?****36. What is your gender?**

- a. Female
b. Male
c. Transgender
d. Other

37. What is your race/ethnicity?

- a. African American
b. Asian/Pacific Islander
c. Latino/a
d. Middle Eastern
e. Native American
f. White/Anglo
g. Other:

38. Which of the following have you completed?

- Master's degree
a. Yes b. No
IF YES, discipline:
Residency
a. Yes b. No
IF YES, specialty:
Fellowship
a. Yes b. No
IF YES, specialty:
Doctorate
a. Yes b. No
IF YES, discipline:
Board Certification
a. Yes b. No
IF YES, discipline:

Thank you very much for your time!

If returning this survey by mail:

*CompassPoint Nonprofit Services, Attn: Clinic Med Dir Study
706 Mission Street, 5th Floor San Francisco, CA 94103*

Or fax to: (415) 541-7708

APPENDIX B

Survey Respondents

Alliance Medical Center	La Clinica de la Raza	Redding Rancheria Indian Health Clinic
AltaMed Health Services Corporation	Los Angeles Free Clinic	Roseland Children's Health Center
Arroyo Vista Family Health Center	Laguna Beach Community Clinic	Samaritan House Free Clinics
Asian Health Services	Lassen Indian Health Center	San Diego American Indian Health
Asian Pacific Health Care Ventures, Inc.	Livingston Medical Group	Santa Cruz Women's Health Center
Community Health Center Network	Long Valley Health Center	School Health Centers of Santa Clara County
Children's Clinic	Lyon Martin Women's Health Services	Sequoia Community Health Foundation
Children's Hospital of Orange County	Marin Community Clinic	Shasta Community Health Center
Clinica De Salud	Mendocino Coast Clinics	Sierra Family Medical Clinic
Clinica Sierra Vista	Mendocino Community Health Clinic	Southern Indian Health Council
Community Health Clinic	Mountain Health & Community Services, Inc.	Six Rivers Planned Parenthood
Community Medical Centers, Inc.	Mid-City Community Clinic	South Central Family Health Center
Comprehensive Health Center	Mission City Community Network, Inc.	Southwest Community Health Center
County of Santa Cruz Health Services	Native American Health Center	St. Anthony Free Medical Clinic
Del Norte Clinics, Inc.	Neighborhood Healthcare	St. John's Well Child and Family Center
East Valley Community Health Center	Nhan Hoa Clinic	United Health Centers
El Proyecto Del Barrio, Inc.	North County Health Services	Valley Community Clinic
Family HealthCare Network	Northeast Community Clinic	Venice Family Clinic
Franciscan Clinic, dba as Queens Care	Northeast Valley Health Corporation	Watts Healthcare Corporation
Gardner Family Health Network	Northeastern Rural Health Clinic, Inc.	West County Health Centers
Golden Valley Health Centers	Open Door Community Health Center	Westside Family Health Center
Imperial Beach Health Center	Planned Parenthood, Los Angeles	
Indian Health Council, Inc.	Ravenswood Family Health Center	

APPENDIX C

Focus Group Participants

Ben Brown, MD Southwest Community Health Center
Ahmed Calvo, MD San Ysidro Health Center
Carol Cheney, MD Mid City Community Clinic
Katherine Francis, MD Neighborhood HealthCare
David Gorchoff, MD Redwood Community Health Coalition
Meredith Kieschnick, MD Community Action Partnership Sonoma
Jeff Meckler, MD Alliance Medical Center
Jeff Morgan, MD Comprehensive Health Center
Kenneth Morris, MD North County Health Services
Annie Nichol, Petaluma Health Center
Kelly Pfeifer, MD Petaluma Health Center
Robert Sablove, MD Southern Indian Health Council
Jennifer Tutern, MD San Ysidro Health Center
Dan White, MD Marin Community Clinic

About CompassPoint Nonprofit Services

With offices in San Francisco and San José, CompassPoint Nonprofit Services is one of the nation's leading consulting and training firms serving nonprofit organizations. Through its 39 staff and hundreds of volunteer professionals, CompassPoint provides management consulting and training to nonprofits in fundraising, technology utilization, strategic planning, nonprofit finance, executive transitions, boards of directors, strategic internet presence, and other topics. Last year CompassPoint conducted more than 600 workshops for Bay Area nonprofits, and consulted to more than 300 nonprofit organizations. In addition to workshops and consulting, CompassPoint conducts several research projects each year, and publishes two free electronic newsletters—Food for Thought and the Board Café. CompassPoint's mission is to increase the effectiveness and impact of people working and volunteering in the nonprofit sector.

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