Whole Health Clinical Champions:
Lessons Learned from Flagship Sites

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Bottom Line Up Front: Recommendations for Whole Health Clinical Champions

The table below provides a high-level overview of roles and responsibilities of Clinical Champions from a subsample of Whole Health Flagship sites that had developed strong models for their use in implementation.

Identifying Strong Champions	Setting Champions Up for Success	Champion Impacts & Outcomes
Characteristics that facilitate the work of Champions • Belief in and enthusiasm for WH approaches • Personal use of WH-aligned approaches • Institutional knowledge • Organizational change or QI experience • Credibility with colleagues • Decision-making authority **Important considerations in the selection process** • Approach may vary based on intentions for the role at a given time point or within a specific service • May seek out clinicians who are early adopters or completed WH training • Use of volunteer champions has pros & cons • Champions at multiple levels (high-level, service line), as well as across locations and role types helps ensure adequate coverage, advocacy and support for their work	**Balance role clarity with flexibility** • Establish clear expectations and key responsibilities of Champion role while not being overly rigid or prescriptive **Example activities led by Champions** Champions support WH integration by: • Acting as points-of-contact for questions and resource needs • Role modeling WH approaches • Facilitating local WH trainings • Helping clinicians translate WH knowledge learned in trainings into practice • Putting WH on team meeting agendas; constant reminders • Serving on WH steering committee and others focused on implementation **Meaningful support for Champions is critical for impact** • Training and support for Champions is multi-tiered and on-going to ensure appropriate skill development for the role • Encourage protected time for the role so responsibilities can be adequately fulfilled • Create support networks such as local or VISN-level community of practice calls • Plan for champion turnover from the outset, setting up processes to manage changes and gaps	**Considering intended impacts from the start is critical as it will help guide the development and promotion of the clinical champion role** **Examples of expected Champion impacts based on the work of Shea (2021) include:** • Increased clinician awareness of WH approaches • Increased acceptability, feasibility, and readiness to incorporate WH approaches into clinical care • Improved fidelity to the WH approach • Spread in the use of WH approaches • Increased clinician referrals to WH-related services • Increase in clinical team members reporting engagement in self-care

Purpose

In this brief report we provide an overview of the roles and responsibilities of clinical champions in a subsample of Whole Health Flagship sites. Information was drawn from qualitative interviews conducted with Flagship sites between 2018-2020 as part of the Evaluating Patient Centered Care's (EPCC) Whole Health evaluation. We focused on sites that developed strong models for the use of Clinical Champions to support implementing Whole Health approaches at a local level. We also scanned notes from interviews with other sites, including those that struggled to utilize Champions, to identify any additional ideas or recommendations for how to develop and support Whole Health Champions as a way of catalyzing transformation across the healthcare system.

This report is organized by several conceptual categories. These categories align with findings from a recently published manuscript on the role of champions in promoting implementation efforts within healthcare systems (Shea, 2021).[i] Observations and recommendations are organized under the following categories:

- Characteristics of Clinical Champions
- Selection of Champions
- Expectations and Key Activities
- Preparation of Clinical Champions and On-going Support
- Organizational Factors that Support the Success of Clinical Champions
- Challenges and Barriers
- Expected Impacts from Clinical Champions

The EPCC team has tried to synthesize a range of successful practices in developing and supporting Clinical Champions. We recognize that there will not be a "one size fits all" for this role. However, in sites that most frequently discussed the role of Clinical Champions in their transformation efforts, several prominent themes emerge that may be useful to consider in the next phase of implementation.

Characteristics of Clinical Champions

Among the most important characteristics of a Whole Health Clinical Champion is personal belief in and enthusiasm for the approach. Champions who use Whole Health-aligned approaches in their own lives may be the most effective teachers as they have lived experience to share. Whole Health trainings were often opportunities to identify people who are enthusiastic about the approach.

Another important characteristic is having a depth of experience within the organization; it was important for Clinical Champions to have institutional knowledge of how things work and how to get things done (or changed) within the organization and/or service line. Akin to this characteristic is experience with organizational change and/or quality improvement efforts. Individuals engaged in these activities within their organization have likely already demonstrated leadership skills and had tangible experience working for change and improvement.

In addition, credibility is another important Clinical Champion characteristic. This can take a few different forms. For example, identifying Champions who have worked in the service line or particular role that is being targeted, such as Primary Care Physician Champion for Patient-Aligned Care Teams. Another example is seeking out Champions who are well-respected for their knowledge and skill at their hospital or clinics.

One other characteristic that is important to consider is the organizational authority that champions have in their service line/department and within the organization as a whole. Clinical champions who had at least some authority to make decisions within a service line were able to tailor the approach in accordance with the organization of a service line AND make changes to the organization when needed to support implementation. In some sites, mid-level managers were the most successful in promoting change.

Selection of Champions

Some Flagship sites specifically identified clinicians as champions, while others had a more open approach and included any interested employee. The selection of champions should align with intention and purpose for this role. If a site is using champions as a means of "leading the way" for clinicians in a service line, it may be best to select champions who understand the roles and responsibilities of those they are leading. If they are using champions to change the whole approach to care within a service line, a site may be most successful in designating several champions who play different roles and can lead others within their role.

By and large, Whole Health Clinical Champions were selected or designated as such on a volunteer basis. They were generally individuals who had taken part in an introductory Whole Health training and expressed enthusiasm for the approach. In many cases, Clinical Champions were not transformed by these trainings, but rather found that the approach aligns with existing beliefs and personal practices (i.e., engagement in self-care). There were pros and some cons associated with self-selected champions.

> Pros of Self Selection - Without question, the biggest pro of self-selected champions is their enthusiasm for Whole Health. It is essential that people who are designated as champions deeply believe in the approach and can communicate why they think it is valuable to others.

> Cons of Self Selection – While most sites were happy to recognize anyone who wanted to be a champion, not all had the same skills or position within a service line. For example, people have different communication styles and skills. Depending on expected roles and responsibilities, it is important to identify Champions who are able to fulfill these expectations and/or develop a strategy to build skills as needed.

Expectations and Key Activities

Among the most important recommendations for creating effective Clinical Champions is to develop clear expectations of what it means to play this role within the organization. This includes outlining at least a minimal set of key activities that Clinical Champions will engage in to promote implementation in their service line (or organization as a whole). The roles and responsibilities do not need to be overly prescriptive as it should be expected that some adaptation and tailoring of Whole Health approaches will be needed. Once these expectations are outlined, it is important to communicate them with service line managers (or hospital leaders) who supervise these individuals. Ideally they should have the protected time and support to fulfill their responsibilities. This support is critical to their momentum and enthusiasm.

Clinical Champions in Flagship Sites engaged in a broad range of activities to support Whole Health implementation. Below is a list of activities the EPCC team heard about during interviews:
- Engagement in Whole Health Foundations course plus others to deepen understanding of the approach

- Connect with staff immediately after they take part in training to address questions about how to translate what they learned into practice in their own service lines
- Serve as a point of contact within a service line to answer questions that employees have about the approach, including providing guidance on conversations, where to find Whole Health resources, how to make referrals to CIH and Whole Health skill-building or education classes, etc.
- Take an active role in huddles and other routine staff meetings by highlighting how a Whole Health approach can be used/tailored with specific patients
- Lead "small moments" of self-care within the service line. The most commonly noted was leading each staff meeting or shift change in a brief mindfulness exercise
- Modeling Whole Health behavior/approaches at work. For example, leading walks at lunch or other breaks or sharing personal experiences with CIH modalities.
- Assuring Whole Health goals and activities for the service line are on staff meeting agendas and then facilitating discussion on this agenda item, answering questions and providing examples as needed
- Encouraging others to use the approach in their practice. This could entail working one-on-one or with a group (e.g., PACT) to explain how Whole Health combines their strength in medical expertise with veterans' strength in understanding their lives, values and preferences. Sharing tools to facilitate Whole Health conversations and providing input on referrals to education, skill-building or treatment options that may be of interest.
- Facilitate formal Whole Health trainings for others in their service line
- Tailoring Whole Health training for the service line that meets people where they are at and/or in the context they are working in
- Trouble-shooting challenges or barriers to using the approach in clinical practice. This may include advocating to leadership to make changes that support implementation, understanding reasons for resistance to change, and brainstorming ideas for how to address resistance
- Play a mentorship role for those trying to incorporate Whole Health into their practice and for new staff who are just joining a service line
- Participation in Whole Health Steering Committee and/or other strategic planning bodies

Preparation of Clinical Champions and On-going Support

We found two themes among sites that had strong Clinical Champions supporting Whole Health implementation at their sites. The first is related to training on Whole Health approaches. Most Whole Health leads noted that Clinical Champions need to have a strong foundation of understanding for what a Whole Health approach entails, how Whole Health clinical care is connected to other parts of the Whole Health System of Care, and defining features of the approach within their service lines. Training is not a "one and done" effort, especially for Clinical Champions. Rather there are tiers of training effort that begin with the foundations of a Whole Health approach and expand to include topics such as evidence for Whole Health approaches, facilitation, and mentorship. These latter kinds of training do not necessarily have to be offered at the local level. They could be centralized at the VISN or Central Office levels.

A second major theme was the importance of creating a structure for on-going support and mentorship of Clinical Champions. At least two Flagships have formalized this support by creating monthly Community of Practice calls for all Clinical Champions in their healthcare systems. The Community of Practice calls provide an opportunity for on-going education, information sharing, and skill building. At the time of our interviews, some VISNs were trying to

establish a similar structure at a regional level. The point that Whole Health leaders emphasized is that Clinical Champions are more likely to be successful if they are nested within a support network that can help them do the work they are expected to do. This kind of formal support should be proactive and led by organizational champions who can help open doors, problem solve challenges, and advocate for changes that are needed.

Organizational Factors that Support the Success of Clinical Champions

Many of the organizational factors that support Clinical Champions have already been mentioned. These include having clear expectations of Champions, meaningful support for their work, and on-going training. Some Whole Health leads noted the importance of having multiple Clinical Champions – specific ones per service line (or smaller unit) who can work intently with others to influence change. In addition, these service level Clinical Champions need a strong leader at the organizational level. There needs to be a high-level Champion who models the changes that are trying to be made, who opens doors and clears the path for change, and who advocates for changes to happen.

A second organizational recommendation is for Clinical Champions to have dedicated (ideally protected) time to engage in change efforts. The amount of time allocated to Champions should be commiserate with expectations of the role. Flagship leaders noted that having high expectations without consideration for other responsibilities will lead to burnout and/or less effective efforts.

Challenges and Barriers

During the course of our interviews the EPCC team heard about a number of challenges to getting Clinical Champions prepared and active in their role. One of the most obvious challenges was not having clarity about the role, including what Champions were supposed to do to catalyze change in their service areas. As noted above, another challenge stemmed from not having buy-in from supervisors and/or hospital leaders to support people in the role. This includes not having time to engage in key activities or support to effect change within a service line when needed.

In some service lines there is a relatively high turnover rate among staff. Turnover in the Clinical Champion role is a challenge to sustaining momentum in changing practice and culture. For some sites, turnover was the result of high functioning Clinical Champions being detailed to other positions for an indefinite amount of time. Some also noted that Champions may have shift changes or other circumstances that disrupt their expected effort. The recommendation following from this challenge is for Whole Health Leads to plan for these changes from the beginning. This planning entails how to select and train new Clinical Champions on an on-going basis.

A few sites also noted the importance of having enough Clinical Champions to do the work of cultural transformation. One or even a few Clinical Champions are not enough, especially in large, complex, multi-site healthcare systems. When planning for the development of Clinical Champions, it is important to think about all the different sites of care and variation in targeted service lines at each site. It may be that smaller CBOCs are able to manage with one Clinical Champion. However, large Primary Care service lines may need multiple Champions. In the case of the upcoming implementation effort, having a multi-disciplinary group of Clinical Champions will also be important so that there are dedicated people with "boots on the ground" to support all members of a clinical team.

Expected Impacts from Clinical Champions

In this last section we present a few ideas about the outcomes or impacts one might expect from the use of Clinical Champions. These ideas did not necessarily come from Flagship Leaders. Rather they were mostly drawn from the manuscript by Shea (2021)[i] which was previously mentioned. Thinking ahead about the intended impacts is an important component of planning as it should guide the development of roles and responsibilities to achieve them.

Examples of expected impacts of Clinical Champions include:
- o Increased clinician awareness of Whole Health approaches in clinical care
- o Increased acceptability and sense of feasibility to incorporate Whole Health approaches in the service line among clinical team members
- o Increased readiness to make changes aligned with a Whole Health approach
- o Improvements in fidelity to the Whole Health approach
- o Spread in the use of Whole Health approaches across clinical teams
- o Increased clinician referrals to WH-related services (e.g. Pathway, CIH, Well-Being, Coaching)
- o Increase in clinical team members reporting they incorporate self-care in their own lives (i.e., walking the talk)

There may be other expected impacts of this role. Some impacts will be more difficult to measure or assess than others. Some sites may not have the resources to continuously monitor or evaluate the impacts. However, developing a clear sense of intended impacts and being able to articulate these expectations with others (especially those in the role), is an important formative exercise for Whole Health leaders.

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[i] Shea, Christopher (2021) A conceptual model to guide research on the activities and effects of innovation champions. *Implementation Research and Practice*, Vol 2: 1-13.