

Lessons from CCI's IT Grantmaking

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The Community Clinics Initiative (CCI) is a unique collaboration between Tides and The California Endowment. It began in 1999 as a one-time-only grants program to help clinics prepare for information systems difficulties that were anticipated with the advent of Y2K. CCI has since evolved into a multi-million dollar, multi-faceted grantmaking effort that has reached the vast majority of California's community health centers and clinics. The preceding piece by Kendall Guthrie and her colleagues at Blueprint Research & Design gives a good summary of what those grantees have accomplished over the past six years.

Contrary to the current conventional wisdom, there was no detailed theory of change to guide the way. Indeed, the goals of the Initiative changed over time, from its initial short-term purpose to a focus on improved business practices and efficiencies to its current emphasis on health outcomes and community health. But there was a deep commitment to learning on the part of The California Endowment and those at Tides who were chosen to run the program office. That spirit infused all of the activities of the Initiative, from the operations of the Steering Committee to the design and implementation of the RFPs to the ways in which assessment and data sharing were integral to each phase of CCI's development.

Despite its somewhat unconventional origins and structure, CCI has managed to do something that few foundation-initiated programs have been able to do, and that is to move a field. In the words of two of the grantees, it has "raised the bar for the field" and "moved the industry." As another grantee observed, "perhaps the biggest impact of CCI has been a cultural shift within clinic organizations that now see IT as integral to their operations."

How did that happen? Timing was certainly a factor. CCI was virtually alone in providing funding for IT projects and infrastructure during a time when becoming more IT-savvy and efficient was essential to the growth and continued competitiveness of community health centers in the broader health care marketplace. The magnitude of the funding made available by The California Endowment and its flexible, multi-year commitment to the Initiative were also critical. As a result, CCI was able to reach the vast majority of California clinics rather than just a select few. The quality of CCI's staff has also played an important role. They possess a unique combination of grantmaking skills and in-depth knowledge of clinic operations and have been able to achieve a unique rapport with the clinic community. But just as important as all these factors was the way in which CCI has done its business, including its commitment to good process and to learning and reflection.

There are many valuable lessons to be learned from the past six years of CCI's Information Technology (IT) grantmaking. Over the past year, I have talked with a number of grantees and key consultants as well as the staff and funders of CCI to see what they've learned from this experience. There are many ways to organize those insights. I've done my best to do them justice, but any errors of interpretation or omission are all mine. The intent is not so much to provide the definitive story of CCI's IT

grantmaking, but to synthesize some key lessons that might inform future philanthropic ventures, whether focused on IT or not.

I've identified eight themes that emerged from my conversations. They are listed below, accompanied by observations drawn from CCI's IT funding experience.

1. Allow sufficient funding and flexibility to permit both timely and appropriate action.

CCI enjoyed a rare combination of significant funding coupled with maximum flexibility. Typically, only small foundation grants come with few strings attached. Large grants tend to be highly structured and programmed down to the last detail. But, rather than being constrained by a predetermined "game plan," CCI staff were able to adjust their strategy with each successive RFP in response to the changing context and the lessons they were learning along the way. Having significant dollars available also permitted them to think big and to operate at a scale that was more likely to ensure field-wide impact.

In the words of several participants, CCI has been "organic" in its development. It has been able to chart a dynamic, non-linear course that allowed for genuine creativity. CCI is also opportunistic and entrepreneurial in the best sense of the word. As an example, it was able to commission key pieces of research by Prof. Robert Miller of UCSF that not only informed CCI's strategy but also helped advance the field at large.

When Dr. David Brailer moved from California to Washington D.C. to become the National Coordinator for Health Information Technology, CCI was able to build on that relationship and participate in high level policy discussions that were simply not envisioned at the onset of the Initiative. CCI had the flexibility to contract with Nanette Falkenberg and Bass & Howes to maintain a presence for the Initiative in the capital and to extend the influence of the Initiative far beyond California. To appropriate a term from the field of organizational learning, CCI exemplifies an "emergent" enterprise. It incorporates regular rounds of feedback from its Steering Committee, expert advisors and grantees to craft a continuously evolving program that builds on success.

There were also associated challenges. The California Endowment approved its funding for CCI in phases, and the staff had to respond quickly to the changing signals from the foundation at the same time it was trying to manage the expectations of its grantees. Necessity was the mother of invention in some instances. If the CCI staff had known from the beginning of the Initiative how much funding would ultimately be available to them, they would have been able to design an approach to grantmaking that might ultimately have proven to be more strategic. As it was, they were unable to make multi-year commitments in their first several rounds of grants, which put real limits on their conversations with potential grantees.

Consequently, CCI staff sometimes may have felt too much pressure to move fast. After demonstrating their ability to quickly and efficiently implement the initial Y2K funding program, a level of expectation was established (both internally and externally) to "keep up the pace." Also, since the next rounds of funding from the Endowment were not predictable, there was an implied incentive to distribute the dollars available with minimal

delay. The Endowment encouraged CCI to spend the money and the field expected it as well.

There were some immediate and obvious benefits for clinics, which had too frequently witnessed just the opposite behavior from foundations. But there may have been cases where the pace of the funding exceeded the time required for grantee organizations to effectively manage the human complications that inevitably accompany rapid change. While there is a lot to be said for a highly responsive, timely grantmaking process, proper pacing is also essential, particularly when the funding is supporting complicated processes of organizational change. It's important to not provide too much funding too fast, even for the best of motives.

2. Invest in a program office skilled in both grantmaking and relationships.

The Endowment's choice of Tides as the program office for CCI was controversial. It had minimal experience with clinics or with health care. As an "outsider" in a tightly connected field, its motives were suspect in some quarters. But it brought substantial strengths, including significant experience with grantmaking in a donor-advised environment and an approach that emphasized capacity building of grantee organizations. But above and beyond their technical skills, the Tides principals had a deep understanding of the importance of relationships in philanthropic transactions.

The Tides staff immediately embraced the challenge of building trust and establishing credibility with the clinic community. It hired consultants and staff with longstanding clinic backgrounds and established a Steering Committee composed of a respected group of clinic and community representatives from throughout the state. From the beginning, it also set out to establish realistic expectations with grantees, encouraging their honest feedback in order to build a reality-based grantmaking program. The Tides staff also demonstrated their willingness to be objective, to take risks and to trust grantees. Their commitment to authenticity and transparency earned them respect from many of those who had initially questioned their selection.

In their mid-initiative stakeholder assessment, Blueprint R&D observed that most felt Tides had brought a fresh perspective to the field as well as grantmaking experience that no one else had. As one CCI staffer observed, "Since Tides didn't have deep knowledge of clinics, we were able to ask 'naïve' questions and encourage clinics to think about different approaches." They promoted a long-term view that was different from clinics' usual preoccupation with immediate needs. Because they were new to the clinic world, they were also less susceptible to political pressure in their funding decisions, and all clinics started with CCI with a "clean slate."

Because of Tides' history as a grantmaker and the Tides Center's role as an incubator of new projects, CCI staff could approach The California Endowment as peers. That encouraged conversations that were unusually candid and, from the viewpoint of both parties, the relationship was characterized by real transparency. TCE felt this was the "cornerstone of the Initiative's success." CCI staff also felt they were real partners with The Endowment, helping them to accomplish their goals vs. acting like a typical

“interested party” grantee. It probably helps that Tides doesn’t raise money for its own ongoing operations.

From the viewpoint of The California Endowment, there are several advantages to a program office. First, it allows relationships to be sorted out in a way that minimizes the negatives of differential power and the typical anxieties that pervade grantor-grantee communications. Second, it permits much more candid and transparent communications with both CCI staff and the Steering Committee, since those conversations are not taking place in the context of a funding decision. Finally, the program office can operate more nimbly than the foundation. It can design each RFP to respond directly to the community needs. It also has an advantage both in bringing on outside consultants as needed and in being able to explore alternative pathways to see which lead to the desired results.

3. Engage a cross-section of the field in meaningful governance roles and support their learning and leadership.

One of the unique aspects of CCI was the role played by its Steering Committee. It’s not unusual for foundation-sponsored initiatives to have advisory groups, but it is quite rare for such a body to significantly influence strategy. The choice of “Steering Committee” as the name of the group rather than something blander spoke volumes. It is also quite out of the ordinary to devote significant time and resources to support the work of such a group. But in the words of one participant, the way the Steering Committee functioned “personified in many ways what CCI was all about.” It was a venue where data was examined and strategic options were debated with the assistance of a variety of outside experts. It was an intense and stimulating learning environment for all involved.

The California Endowment has traditionally placed a high priority on community representation. The Steering Committee was conceived of as a vehicle to keep the Initiative “grounded,” and also as a “check” given Tides’ relative lack of experience in the clinic world. The composition of the group was jointly determined by the Endowment and advisors to Tides. It comprised a true cross-section of the field plus experts from outside the clinic world. According to one participant, “the variety of world views around the table set the tone for how CCI evolved. They were big thinkers.” From the beginning, the Committee grasped the opportunity before them as greater than just a one-time \$10 million grants program. Even if that was to be the limit of TCE’s funding they argued for spending the money in a way that would “lay the groundwork for a path to healthier communities rather than just a one-off, formulaic, quickie distribution of funds.” They saw the work of CCI as “providing the down payment for a larger change process.”

The Steering Committee proved to be a highly effective mechanism to bring the CCI staff up to speed on clinic issues. It also gave the Initiative a high level of credibility in the field while ensuring that the IT program met the needs of a broad range of clinics. The Committee was actively involved in reviewing and commenting on RFPs and in advising the staff on funding strategy (e.g. “slates” of potential grantees). There were also very robust discussions after each funding round about lessons learned that directly shaped the frame for the ensuing RFP.

Despite the potential for conflicts of interest, Steering Committee members were able to leave their institutional interests at the door and think about the field at large. For example, after RFP3, the Steering Committee was instrumental in arguing to “raise the bar” for subsequent funding rounds and to focus on collaborative efforts rather than continuing to fund on a “clinic by clinic basis.” That led to substantial funding being allocated for a limited number of Strategic Investment grants while the overall decline rate increased as the Initiative moved away from a “raise all boats” approach.

CCI invested significantly in the learning of the Steering Committee, seeing them as “ambassadors” for the Initiative to the field at large. Meetings were typically structured to provide one day for business and a second day for learning. Specific talking points were created for Steering Committee members at the conclusion of each meeting to assist them in sharing what they had learned with their colleagues.

In its midpoint assessment of CCI, Blueprint R&D observed that the Steering Committee had created a new venue for a group of leaders, many of whom had few connections elsewhere, to think bigger and to have more visionary conversations. On a personal level, all enjoyed the opportunity to step out of their daily routines, to be more reflective, to be treated well and to connect with colleagues. By virtue of what they were learning at the meetings and accomplishing within their organizations, a number of them began to be recognized as national leaders on the topic of IT in community health centers.

Were there challenges? One participant observed a “healthy tension” between CCI staff and the Steering Committee, which is appropriate. Despite the fact that much of the work was staff-driven and the final decision authority on grants rested with the Tides board, the Committee was an engaged partner in the enterprise, not a passive sounding board. Given the pace of their work, there was also a natural tendency for the staff to “get out ahead” of the Steering Committee, and they had to be mindful about touching base and keeping the group dynamics positive and aligned.

There also came to be some grumblings in the field about the perceived privileged status of the Steering Committee, based more on observations of their access to information and experts rather than any inside track for funding. There was no mechanism for terms for Committee members, so as the work of CCI broadened to capital grants, some of the original group who had focused intently on IT became less engaged. As the IT work of CCI wound down, the Steering Committee was disbanded. Whether that decision was made too quickly is subject to debate, but most had agreed that there was less of a meaningful role for them to play, particularly compared to the early years of the Initiative.

4. Provide sufficient funding to engage outside experts to inform the work of the staff and grantees.

One of the first things in a project proposal that is likely to evoke a skeptical reaction from a potential funder is a substantial line item for consultants. Not only are such expenditures often viewed as an expensive frill, but they are also questioned because it is assumed that consultants typically leave little behind in terms of improved organizational capacity at the community level. From the viewpoint of many community-based organizations, most consultants are simply too expensive for the benefit they

provide. If asked, they'd typically recommend that those dollars be given directly to the agencies themselves.

CCI spent a considerable sum for expert consultation on Information Technology, but it was money well spent. Early in the life of the Initiative, CCI staff spent a lot of time identifying consulting resources that were relevant to community clinics from the universe of IT experts. Consultants were carefully screened and typically tested on small projects before they were used for larger assignments.

What consultants brought to the Initiative was not only technical expertise but also connections to broader national networks. According to one grantee, "CCI helped bring in people from outside the clinic world with different kinds of skills who helped us look at problems in new ways." They also helped connect CCI grantees to the experience of others around the country, substantially shortening the collective learning curve, with resulting "leaps in sophistication." In the process, many of the consultants were also converted into advocates for the particular needs of safety net providers.

One of CCI's most controversial early decisions was to engage in a consulting arrangement with Care Science. The Steering Committee was not consulted in advance, and clinic folks were dismayed at seeing \$1 million go to a private firm with no past experience working with community health centers. Yet, that investment not only paid off in terms of better grantmaking decisions, but it also provided the field with an objective set of standards for assessing Practice Management software packages. In a marketplace where clinics with limited funds and technical expertise were being barraged with conflicting claims from vendors, the Care Science process of certifying products according to a common set of standards helped to bring greater rationality to everyone's decision making. As a result, untold dollars were saved that might have been wasted on inappropriate products. Not everyone was happy with the process, to say the least, but it was another example of a way in which CCI helped to move the field.

Similarly, other long-time CCI consultants such as Nanette Falkenberg, Jeremy Nobel, Bob Miller, Full Circle and Object Health helped provide the "intellectual foundation for the work." CCI was able to maintain a relatively lean central staff, while engaging the services of national-level experts who would not have been available for full-time staff assignments. Those experts, in turn, built connections for CCI with endeavors like the Harvard Interfaculty Symposium, which helped bring the work of the Initiative and its grantees to a national policy audience.

5. Incorporate evaluation as a strategic partner.

Unlike most other initiatives of The California Endowment, CCI was given the opportunity to select its own evaluator. Blueprint Research & Design was an unconventional choice, since its expertise was philanthropic strategy rather than evaluation per se; but its approach fit well with the CCI staff's aspirations to integrate assessment and learning into every aspect of the Initiative. Kendall Guthrie and her colleagues from Blueprint were seen from the beginning not as external evaluators but as important members of the CCI team. Their strategic advice was valued as much as their measurement expertise and independent judgment.

Blueprint joined the Initiative after the first round of IT grants had been made. It quickly put together the first needs assessment, and sharing the results with the Steering Committee provided a revelation. It was perhaps the first time data on organizational capacity had been collected across the entire clinic field, and it provided a “rude awakening” about how much of the field had very limited capacity. It also confirmed the value of data for informing decision making throughout CCI. Subsequent rounds of data collection (e.g. Management Assessment Survey) have provided valuable benchmarking for the field.

CCI staff credit their ability to move quickly and nimbly in part to Blueprint’s skill in collecting and sharing data in “real time.” From the viewpoint of CCI staff, this was exactly what they wanted from evaluation. It modeled for the field (which did not have much experience in research and documentation) how to use data to shape a program. It also provided the Steering Committee and the field with data no one had ever seen.

This approach also fit with the California Endowment’s emphasis on evaluation as “a learning tool rather than an accountability tool.” It also allowed a more transparent relationship between the Initiative and The Endowment, so that the funder could engage in mutual learning with CCI staff and grantees rather than merely “watching and counting.”

However, the Endowment’s goals for the Initiative did change with successive rounds of funding. From the first grant round’s emphasis on Y2K, subsequent rounds focused on business practices and efficiencies, and then on health outcomes. That presented particular challenges for the evaluators, who were put in the position of pushing the CCI staff and Steering Committee toward a more outcomes-driven model of change. It was a hard shift for all involved since it was at odds with the responsive approach that had characterized much of the development of CCI. Although grantees were asked to begin to track specific health outcomes, in reality the focus of the Initiative continued to be on more realistic, capacity-oriented goals.

With the changing goals and the maturation of the Initiative, Blueprint’s combination of insider and outsider roles became more challenging. Data was no longer needed to inform strategy so much as to begin to track outcomes. But there was an underlying tension about which outcomes were most realistic and meaningful, even though all parties agreed that the ultimate aim of the Initiative was to help clinics move toward the “sun” of healthier communities.

6. Pay careful attention to process.

While putting a priority on good process is sometimes dismissed as wheel spinning that precludes decisive action, CCI’s ongoing, consistent investment in thoughtful process has yielded multiple benefits. The staff was particularly adept at knowing when it was important “to go slow in order to go fast later on.” It also placed a high value on transparency. A good deal of care and attention went into designing meetings of the Steering Committee, convenings, RFPs and other communications with grantees in order to achieve specific results. Planning was integral to every aspect of CCI, just as it sought to model the benefits of effective planning for its grantees before making IT purchases.

CCI is credited by grantees with having “one of the better foundation processes” when it comes to accessibility, openness, transparency and providing “more than enough help” to applicants. It is seen as “good on timelines and keeping applicants informed on where they are in the process.” CCI’s staff is also perceived as being a “well-functioning team.” They are viewed as “very good at thinking together, planning and implementing.” The staff is also given high marks for “the thoroughness it brings to everything it does,” as well as a consistent level of attentiveness to the needs of grantees, which more than one described as “wonderful.”

While getting the details right is an important accomplishment in and of itself, a number of grantees also noted that “this is not just a typical grantmaking program.” Each RFP has built on lessons learned in the previous grant cycles, and the application process incorporates assessments and asks questions that cause clinics to think hard about how their proposed work will help them to achieve the ten characteristics of strong clinics. In the words of one grantee, “CCI models a process that uses grantmaking in order to help clinics learn and grow.”

The detailed preparation for Steering Committee meetings is a particularly good example of CCI’s attention to process. Following each meeting there was a thorough debriefing by staff and facilitators. The agenda for the next gathering then typically went through several drafts well in advance of the meeting date to maximize the efficient use of the time and to be sure to build in opportunities for formal and informal interaction. A variety of techniques were used to stimulate creative thinking. Skilled facilitation was also an important ingredient.

CCI employed Tomi Nagai-Rothe and Steve Christiano from The Grove International to help plan, facilitate and graphically document the discussions at Steering Committee meetings and grantee convenings. That extra investment in visually depicting group process helped the participants to see their ideas, remember what they had talked about, and connect with one another as quickly as possible. It also helped them to “cycle” ideas faster and to work together as efficiently as possible. A side benefit was the creation of a rich visual record of CCI thinking and strategy as it evolved over the years.

By expending extra effort and resources on process design, CCI helped to ensure that precious meeting time was utilized for maximum engagement of the participants. Environments were created that truly connected people to one another. Good food was also an important part of any CCI meeting. Positive initial experiences built expectations that were reinforced by subsequent meetings. The quality of CCI gatherings was a significant factor in encouraging the commitment of participants and motivating them to contribute their best thinking.

7. Keep the focus on building the field.

Field building is a common aspiration among foundation programs, but how best should you go about it? Should you spread resources widely across a broad spectrum of organizations to see what germinates or invest only in the innovators and then share their results with others? Should you respond to the self-identified needs of individual clinics or impose a degree of standardization on grant requests, in the name of efficiency

and effectiveness? Should a priority be placed on collaborative efforts? What resources need to be provided in addition to grant dollars? What's the most strategic approach if field building is the ultimate goal? CCI has grappled with all of these questions and its strategies have evolved over time...and continue to evolve.

CCI's relationship with its grantees has been characterized by a creative tension that has "helped clinics stretch beyond themselves" in the words of one grantee. The Initiative challenged clinics to step out of their comfort zone and that nudge was resented at times. Yet, looking back on the experience of the past few years, grantees readily admit that CCI pushed them in ways that were ultimately in their long-range self interest. As one put it, "CCI pushed clinics to do things they hadn't done before. Initially there was resistance, but five years later it's clear that CCI has really advanced the field. All the participants in the Initiative were allowed to make mistakes and learn from them."

As another grantee noted, CCI also "pushed clinics to take themselves more seriously as an industry." CCI is credited as having "laid the groundwork for the creative marriage of IT, leadership and the reengineering of practice." By encouraging and funding multi-institutional collaborations such as the Strategic Investments, it also helped to "break down silos" and "support the kind of coalition building that is critical to the future of the safety net." In the words of yet another grantee, CCI "helped build appreciation for collective experience. Many clinics are still too small to have their own IT Director. Now we realize the importance of supporting someone at the network level to work with all of us."

CCI's initial rounds of funding personified a "lift all boats" approach to field building. More than 90% of eligible clinics received funding, and undoubtedly some of those grants were less than optimally strategic. However, this initial strategy provided a platform on which to build relationships across the field. It also yielded insights on the wide range of organizational capacity which the Initiative would need to address. Subsequently, the Steering Committee recommended "raising the bar" on who would be funded and pushed a collaborative approach as the best way of advancing the field as a whole. In the words of one participant, it was a "both/and" approach. Individual clinics were helped to achieve a threshold of IT capacity; then it was reasonable to expect them to build external linkages and collaborative infrastructure that would ultimately benefit the local health care system.

CCI pushed the field in a number of ways. One way was to engage Care Science to provide certification for Practice Management software packages and to decline grant requests for products not on the list. Another was to promote a list of ten characteristics of strong clinics, gleaned from CCI data and from national best practices, and to require self assessments of CCI applicants to measure themselves against those qualities. It then incentivized integrated solutions by dedicating substantial funding for the Strategic Investment projects. Those later RFPs made it clear that the potential power of IT was not just within the clinic but in how it was used to build relationships by sharing data with other institutions. In so doing, CCI also "called the question" of sustainability long before the IT funding was due to sunset.

To help the Steering Committee and themselves to think in terms of the entire field, CCI staff repeatedly referred to the "bell curve" of IT capacity among clinics and assessed potential funding strategies by their ability to move the entire curve over time or to change its shape, i.e. in the direction of disproportionately higher capacity. From its

earliest brainstorming, the staff also identified four “legacy” themes that were visually prominent in CCI’s materials throughout the life of the IT program. In retrospect, they also provided a road map for field building:

- Don’t automate inefficiencies
- Data for decision making
- It’s not the machines, it’s the relationships
- Information for change

Perhaps the biggest challenge to this approach was the fierce individualism of clinics. Self reliance has served them well in weathering past difficulties and they tend to only think of themselves as a field when it comes to advocacy for government funding. Even though a significant number of regional clinic consortia have developed over the past ten years, they are highly variable in the degree to which they actually share resources, let alone function as integrated networks. Any attempt to encourage more collective approaches to capacity building must contend with this longstanding culture, which is quite resistant to change. CCI has managed to use IT as the vehicle to encourage more integration of effort, in direct alignment with the long-range self interest of clinics. While it has enjoyed some significant successes, much work remains to be done on this front.

8. Put learning and reflection at the center of the enterprise.

“CCI used a funding initiative to build a learning community,” observed one grantee. CCI has developed a culture that places a high value on relationships, openness, risk-taking and exploration, yet it has also set high standards for rigor, analysis and quality. That is a rare combination indeed. By “walking the talk” of continuous learning and knowledge sharing, CCI has embodied an emergent approach to program development that is both organic and intensely practical.

The kind of innovation CCI has promoted and underwritten does not lend itself to rapid mastery. As Tom Dawson and S. A. Kushinka of Full Circle noted in their January 2004 Report to the Field, “go live’ is not the end of a linear process; it is the beginning of the next cycle of implementation and innovation.” IT systems are dynamic and must be constantly aligned with changing conditions. As another CCI participant put it, “IT projects are organizational change efforts in disguise” that require a commitment to continuous organization-wide training and learning. It’s appropriate that those values have been at the center of the CCI enterprise from the beginning.

A number of grantees complimented CCI for its agility and flexibility and its willingness to take risks... as well as its honesty about publicly sharing lessons learned when things haven’t turned out as expected. It is seen as engaging in a “genuine learning process with clinics.” Unlike some other foundation-driven initiatives, CCI is perceived to be different in that it has espoused no single model or “one-size-fits-all approach” and instead has been willing to “meet clinics where they are.”

CCI’s grantmaking practice has also kept it grounded in the reality of low-income communities via regular cycles of feedback and dialogue with front-line service providers. CCI has engaged clinic and community leaders on its Steering Committee and listened carefully to their advice at each stage of the program’s evolution. As one

interviewee noted, “CCI ‘gets it’ when it comes to involving the field in planning and decision making.”

While “value added” has become something of a philanthropic cliché, CCI grantees were not only positive but enthusiastic about the “non-cash” benefits their organizations had received from their participation in the Initiative. CCI is seen as an “interactive resource” that has “educated the field about what is possible” by its convenings, Reports to the Field, website, and special programs such as the Harvard School of Public Health clinician workshops. There is genuine gratitude among grantees for exposure to the talented consultants that CCI has brought in from outside the field. They have also benefited significantly from the various assessment tools which CCI has introduced. The Community Clinic Voice is also seen as a unique resource to “encourage clinics to learn from each other.”

CCI has not only modeled an effective learning process, but it has also become a place where important conversations about the future of the field are taking place. One grantee observed, CCI is a “venue for discussion of substantive content about managing a mature movement of organizations that we’re unable to find elsewhere.” In the words of another participant, “CCI gatherings are a place where you are encouraged to be curious and to stretch your thinking ... to ask ‘what if?’ and ‘what else is possible?’” It is not always a comfortable process, but participants are challenged to engage their intellects, always with a common goal in mind.

What’s been a challenge? Certainly it would have been ideal if the quality of learning environment enjoyed by the Steering Committee could have been experienced by even more participants. CCI has done more than most initiatives to share the knowledge gained across the field, but it’s never quite the same as face-to-face interaction. The opportunity for learning and reflection was also not embraced uniformly across the universe of CCI participants. Many clinics still tend to view time for reflection as an unaffordable luxury. Yet those who have been most engaged in the CCI learning community have found it to be an excellent investment of their time.

IT as a portal

CCI has had a clear focus on Information Technology and capacity building. But the foundation on which all its work rests is a commitment to underserved populations and to social justice that is shared with the community health centers that it supports. Throughout the life of the Initiative, it has oriented all of its efforts toward the “sun” of improved health outcomes and healthier communities. That perspective has helped clinics to integrate seemingly disconnected clinical and business practices with their larger sense of mission.

Particularly striking is the way in which CCI’s focus on Information Technology has served as a portal for deeper and more meaningful explorations of institutional capacity among community health centers. It’s no secret that most non-profit clinics historically have not had the capital to underwrite the kinds of infrastructure that would be considered essential in a for-profit corporation. As a consequence, conversations about institutional capacity with funders tend to be awkward at best. What incentive is there for a grantseeking organization to reveal its “family business” to an outsider?

But by honing in on IT (where it was generally understood that most clinics were at a low level of development), CCI helped to legitimize more open and honest conversations about larger capacity issues in ways that would have been hard to anticipate at the outset of the Initiative. As one grantee observed, “CCI has brought clinics to a whole other level of capacity. Having IT in place has enhanced the credibility of community health centers. It was a big help with 330 applications. Having funding for capital helped as well. By combining it with IT, it helped us think about our other technology needs.”

A catalyst for innovation

In sum, CCI has managed to carve out a unique niche in the clinic world. It is not only a funder but also a trusted resource and sounding board for new ideas. It has also become a forum for substantive dialogue among the leaders of the field. Yet, in the words of one grantee, CCI also “struck a balance of being ‘of’ clinics yet separate, and it has walked that line well. It has some accountability to the field, but it is able to speak with an independent voice.” Another grantee provided a slight variation on this theme: “CCI is a player that is separate from clinics in that it’s willing to push the field where appropriate, but it’s definitely viewed as an asset.”

Time and again in the course of my interviews, clinic leaders mused on the progress that has been made in the past six years. When CCI began, most clinics did not see IT as a priority, and many resisted a conversation on the topic. It’s not an exaggeration to say that the majority now see it as essential to their operations. An Executive Director of a regional consortium recounted with amazement, “the self assessment got people talking and thinking about IT. The Docs got hooked in via the PDAs. They now say they don’t know how they practiced before them. Medical Directors now want to come to IT meetings!” To the vast majority of its participants, CCI has been much more than just a grants program. It has fulfilled its promise as a catalyst for innovation.

While much has been accomplished, we have no illusions about how much work remains to be done to enable community health centers to survive and thrive in a rapidly changing health care environment. As one of our interviewees remarked, “the next phase of this work is vitally important, and made more difficult because it will require deeper involvement and the stakes (and expectations) are higher.” But whether or not there is a CCI 2.0, community health centers throughout California are thinking about the future and working together in new ways that they simply couldn’t have envisioned six years ago.