

# Lessons in Leadership: Navigating When Things Go Wrong in Medicaid

By Emily Eelman, Juniper Peak Consulting

**Nonis Spinner, Director of Eligibility and Member Services at Indiana Medicaid, shares tips on giving grace to oneself when things don't go to plan.**

**A** countless number of things must go correctly on any given day to ensure a Medicaid program runs smoothly. The list of operational and policy tasks is long and requires coordination among several internal and external entities, including federal and state partners. Yet, as in all human-led endeavors, mistakes happen and things go wrong. For Medicaid leaders, these situations are often combined with high visibility, high stakes, and novel challenges that coincide with multiple moving variables and stakeholders. This, combined with the significant internal and external coordination required to effectively deliver services and programs, can lead Medicaid administrators to feel like their accountability exceeds their span of control. However, with this inevitability comes an opportunity to strengthen teams and relationships, while fixing the issues and preventing future problems.

Nonis Spinner, Medicaid Eligibility and Member Services Director for Indiana Medicaid, began her state career as an entry level case worker in 2010, received a series of steady promotions, and moved into her current role in 2015. This leadership profile distills lessons from Nonis' 13-year career in Medicaid and how, as a leader, she sets a standard for programmatic excellence while creating space for mistakes and the growth that comes with them.

## Leader At-A-Glance



**Name:** Nonis Spinner

**Role:** Director of Eligibility and Member Services, Indiana Family and Social Services Administration, Indiana Medicaid agency

**State:** Indiana

**Public Sector Tenure:** 13 years

**CHCS connection:** [Medicaid Pathways Program](#)



## ABOUT THE LESSONS IN LEADERSHIP SERIES

[Lessons in Leadership](#) shares stories from public sector leaders across the country as they navigate the day-to-day operations, big picture planning, and unexpected twists and turns of leading within government agencies. These lessons can help support others in similar roles — and remind us of the importance of giving oneself grace in times of challenge. The series is developed through support from the Robert Wood Johnson Foundation.

## The “Oh S---” Moment

An email. A phone call. Maybe even an article in the paper. It’s the moment when a regular day turns into something else entirely because of an unexpected problem. Like many leaders, Nonis takes pride in being “someone who is on top of things” — it’s an important part of her professional reputation — and it can be devastating when something goes wrong under her purview. For Nonis, these moments have come in the form of an inquisitive call from a provider, a mea culpa from a panicked team member, or, recently, a casual question to a colleague about a deadline.




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**I came into work that day assuming we were good to go... But we weren’t...**

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Nonis was overseeing a high profile, major report developed by Indiana Medicaid for the Centers for Medicare & Medicaid Services (CMS) with many moving parts, including a non-negotiable deadline and a cross-agency team to compile, validate, and submit. Nonis turned off her computer the evening of the deadline with the understanding that everything was in order — the final submission would be completed as planned. The next morning, when she inquired about how the submission had gone, she discovered that the report had not been submitted. She had to quickly alert her leadership and send an apology to her CMS colleague, promising to deliver the report as quickly as possible, hoping that the delay wouldn’t have a negative impact on the program or her team.

A challenging inner-dialogue can emerge for leaders in these moments. Nonis acknowledges that her initial reaction was one of shame and anger: shame for assuming without double-checking, and anger that a ball was dropped, and she hadn’t been alerted. While she felt supported by senior leadership, she worried her reputation would be tarnished. “There was a lot of visibility, and of course no one was happy about the mistake. Inside, I was having a meltdown,” said Nonis.

## Emotional Self-Management in Real Time

Once Nonis grounded herself in a place of calm after finding out about the report, she asked herself whether this was a one-off “whoops,” a pattern, or potentially an indicator that someone is struggling — something that, as a leader, she has come to do when managing others. Often, she finds that it’s a one-off: something got missed, someone’s first time doing a new task, or something happened largely outside the team’s control. In the case of the delinquent report, it was a mistake by someone new to the task and this level of responsibility. Focusing on that context helped her put the situation in perspective. Nonis also anchors herself to Medicaid’s mission and her leadership values. “Because we approach our jobs with compassion, it also helps us to treat each other with compassion.”

Nonis is proud of her ability to hold it together in the heat of the moment, while also giving herself permission to have an emotional reaction, which is a leadership skill she’s honed over time. She makes a point of slowing down and embracing a mindset rooted in reflection over stress. This helps her to strategically think two or three steps ahead, so that her response doesn’t have unintended consequences. She asks herself questions like: “If I say this, will it make things worse?” “How do I not crush someone’s spirit?” “What’s going to be productive?”

The advice from leadership coaches and experts on how to make this mindset shift is consistent: focus on your breathing and take space — temporal and/or physical — if you need it. Deep breathing slows the heartbeat, lowers blood pressure, and helps mitigate the body’s stress response.<sup>1</sup>

## Building a Learning Culture

High-performing teams have a strong sense of what sociologists refer to as “psychological safety,” defined as “a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes.”<sup>2</sup> Nonis’ compassionate approach is consistent with this research and helps her team take responsibility for problems without fear of reprisal.

However, supporting psychological safety among team members is different than a leader swooping in and solving every problem for the team. Psychological safety and accountability go hand-in-hand. When a system error meant that providers weren’t getting paid accurately, Nonis and her team worked in partnership to diagnose the issue and then co-create solutions. Together, they identified ways to prevent the problem from recurring, updated and documented procedures, and ensured changes were communicated broadly.

The below matrix demonstrates how a combination of high psychological safety and accountability creates a culture of learning that supports strong team performance.

**How Psychological Safety Relates to Performance Standards**

<b>Psych. Safety</b>	<b>HIGH</b>	<b>Comfort</b> People are open and collegial, but not challenged. On teams, they fail to make major strides.	<b>Learning</b> People collaborate and learn in the service of high performance, getting complex and innovative work done.
	<b>LOW</b>	<b>Apathy</b> People show up at work with their hearts and minds elsewhere, choosing self-protection over exertion.	<b>Anxiety</b> People are reluctant to offer ideas, try new things, or ask for help, putting work at risk.
		<b>LOW</b>	<b>HIGH</b>
		<b>Accountability</b>	

Source: Amy Edmondson. “Psychological Safety Doesn’t Equal Anything Goes” March 29, 2022. <https://amycedmondson.com/psychological-safety-%E2%89%A0-anything-goes/>

<sup>1</sup> Harvard Health Publishing, Harvard Medical School. “Relaxation Techniques: Breath Control Helps Quell Errant Stress Response.” July 6, 2020. <https://www.health.harvard.edu/mind-and-mood/relaxation-techniques-breath-control-helps-quell-errant-stress-response>

<sup>2</sup> Duhigg, Charles. “What Google Learned from its Quest to Build the Perfect Team,” New York Times. February 26, 2016. <https://www.nytimes.com/2016/02/28/magazine/what-google-learned-from-its-quest-to-build-the-perfect-team.html>



**I’ve learned that I’m allowed to have whatever feelings I have. Anger and frustration are not off limits, but they are also not tools I find very useful. I’ve yet to encounter a circumstance where lashing out and placing blame has been the productive response...**

Building a learning culture creates a powerful positive feedback loop. Problems get raised before they spiral. Teams become practiced in problem solving and better thrive in complex environments like state Medicaid programs. Nonis sees this playing out on her team, “People feel safe coming to me, so I hear about issues sooner.”

## Leadership Takeaways

Nonis’ approach to navigating mistakes illustrates how leaders can achieve outcomes while supporting their teams. The learning culture she supports helps her team develop their leadership skills, building a bench of seasoned Medicaid leaders to sustain the program.

Her experience, along with the research that supports it, suggests a three-pronged approach:

- **Accept that things will go wrong, and emotional reactions are human.** Avoiding every possible mistake or problem is not possible as a Medicaid leader. There will be times where something goes sideways and is upsetting. Give yourself permission to have those feelings.
- **Take the space to be intentional about turning a reaction into a response.** When something inevitably goes wrong, create space to reflect and engage constructively.
- **Lean into a response that creates — or reinforces — psychological safety and learning.** Co-create solutions to build a strong, nimble, and resilient team.

## Additional Resources

For more on this topic from the Center for Health Care Strategies, check out these *Leadership Tip Sheets*:

- [Mindfulness and Leadership](#) – Details the benefits of practicing mindfulness to increase efficient and effective leadership. *June 2021*
- [Emotional Intelligence](#) – Highlights the four essential dimension of emotional intelligence that can be used to improve leadership effectiveness. *June 2021*



### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. The *Lessons in Leadership* series is developed in partnership with CHCS and Emily Eelman. Emily is an experienced government executive and owner of Juniper Peak Consulting.