ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

ADFM Newsletter

• • Summer 2015 • • Volume 4 (2) • •

The ADFM Newsletter is an update of key information that all members of ADFM should know, with highlights on the recent work of our committees. We'd love to hear your feedback (to: akharris@uw.edu)!
Happy reading!

NOTE: anything in blue text is a hyperlink to a website or resource.

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Ideas for future newsletters? Contact Amanda Weidner at: akharris@uw.edu

Project CORE at AAMC: Coordinating Optimal Referral Experiences through eConsults and Enhanced Referrals

Scott Shipman, MD, MPH,
AAMC Director of Primary Care Initiatives and Workforce Analysis

In September 2014, the Association of American Medical Colleges (AAMC) received a Health Care Innovation Award from the Center for Medicare and Medicaid Innovation (CMMI) to introduce a model of care designed to improve the quality and efficiency of the referral process between primary care and specialty physicians. In partnership with the University of California San Francisco, and based upon a model initially piloted there, the AAMC is working closely with five academic medical centers (AMCs) to implement and evaluate the impact of this approach over the next three years. Primary care faculty serve as the Physician Leads for the project at all 5 participating AMCs.

This intervention consists of two elements integrated within the electronic medical record: eConsults and enhanced referrals. Created through collaboration between primary care leaders and specialists, each of these tools ensures greater alignment between PCPs and specialists in clinical evaluation and management, and for ongoing care of patients. Among additional elements of the model, co-management conferences ensure regular clinical dialogue between primary care providers and specialty providers, rebuilding a culture of collaboration and trust across the interface of primary and specialty care. The model has been shown to significantly improve quality through better coordination and communication between physicians; improve access to specialists when an in-person visit is warranted; reduce the costs of care through fewer referrals and related downstream costs; and reduce fragmentation of care. The primary care patients served by these AMCs will benefit from timely clinical input on their care from specialists when needed, as well as greater convenience and savings through more comprehensive care delivered through their primary care medical home.

Save the date!

July 15, 1-2pm EST

AAMC/ADFM co-sponsored webinar on eConsult model!

Register here:
https://aamc1.webex.com/aamc1/onstage/g.php?MTID=e3d230dd80b0823ef23d29318ec471db0

The model is being implemented across primary care practices affiliated with the participating AMCs, and will be adopted across at least 15 specialties, transforming the referral process for all primary care patients served by the AMCs. Since February 2015, the model has successfully been implemented and is in active use across a growing number of medical specialties at the five participating centers, which include Dartmouth-Hitchcock Medical Center, University of California at San Diego Medical Center, University of Iowa Hospitals and Clinics, University of Virginia Medical Center, and University of Wisconsin Health. Over the next year, the sites will continue to expand use of the program across their medical specialties and selected surgical specialties, with the goal of being fully implemented by the end of 2015. As part of the initia-

tive, the AAMC is working with CMMI and its partners over the course of the project to evaluate the program outcomes and to design a sustainable reimbursement model to catalyze broader dissemination.

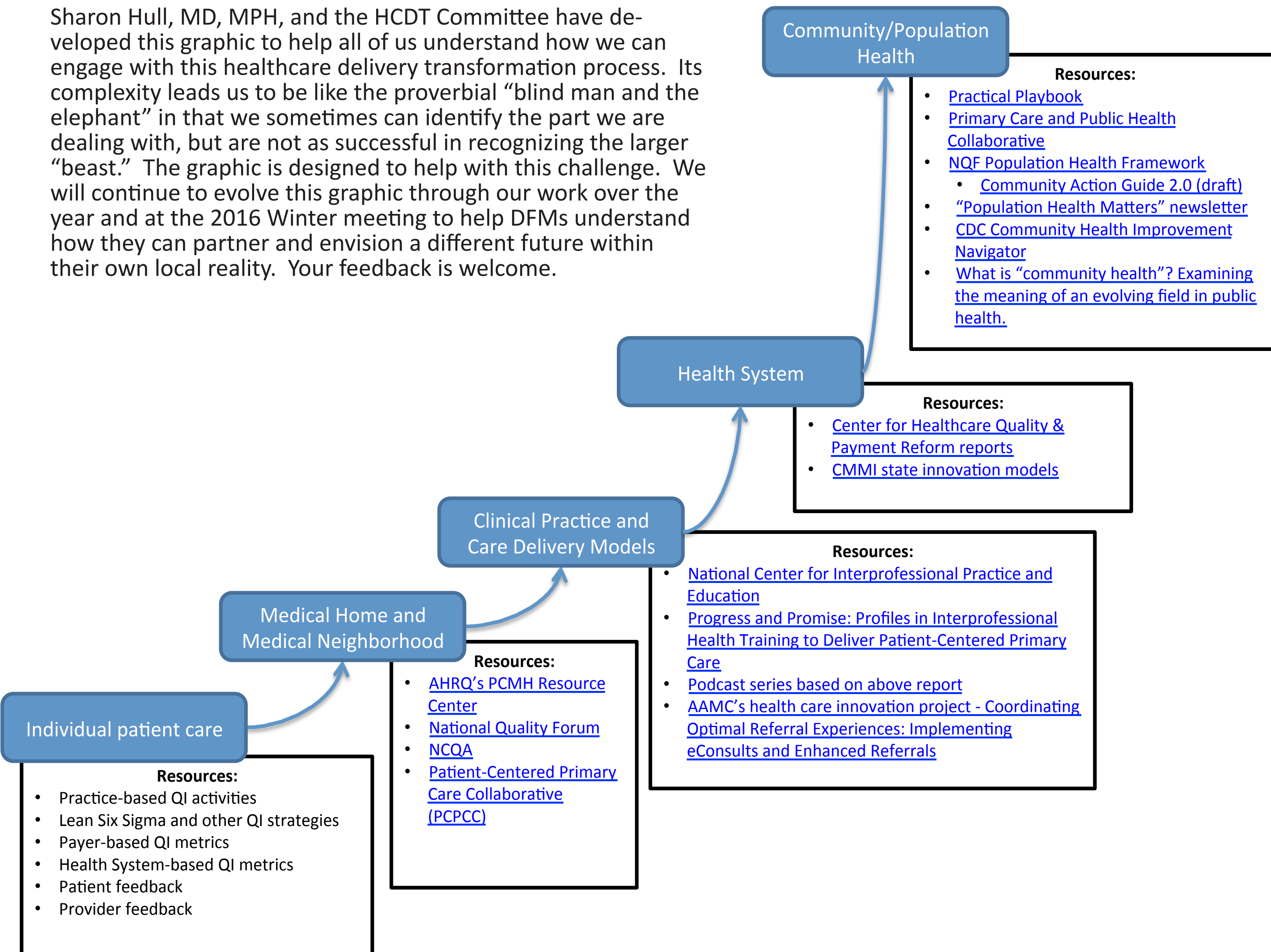
The AAMC is currently exploring the opportunity to work with additional AMCs to implement the CORE model, and welcomes inquiries. **A WebEx co-sponsored by ADFM and AAMC will be held on July 15 at 1pm Eastern, specifically for ADFM members and others at your institutions who might be interested in implementing this model. Advance registration is required (see inset box).**

For more information, contact Scott Shipman, MD, MPH, Project Director (sshipman@aamc.org) and Meaghan Quinn, Project Manager (mquinn@aamc.org), or visit www.aamc.org/econsults.

Partnering for Transformation: A Menu of Many Points of Entry for Your Department

Healthcare delivery transformation is happening at many different levels but these myriad activities all share one thing in common: they are impacted heavily by the old adage, "all politics are local." In collaboration with the AAMC, the ADFM Healthcare Delivery Transformation Committee (HCDT) is featuring the eConsult model in this newsletter as one entry point to transformation at the level of Clinical Practice and Care Delivery. There are many other entry points depending on your local context and the politics of how your Department is positioned within the larger institution and health system. Chairs, Administrators, Division Chiefs and Senior Leaders in Departments of Family Medicine are best positioned to understand the local politics and to guide Departments in selecting entry points that will likely have the greatest impact and intended outcome.

Sharon Hull, MD, MPH, and the HCDT Committee have developed this graphic to help all of us understand how we can engage with this healthcare delivery transformation process. Its complexity leads us to be like the proverbial "blind man and the elephant" in that we sometimes can identify the part we are dealing with, but are not as successful in recognizing the larger "beast." The graphic is designed to help with this challenge. We will continue to evolve this graphic through our work over the year and at the 2016 Winter meeting to help DFMs understand how they can partner and envision a different future within their own local reality. Your feedback is welcome.



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Metrics and faculty compensation: listserve recap and a systematic review

In early May there was a discussion on the chairs' listserve about faculty compensation models and metrics; most were in favor of paying a salary for a certain job description, with metrics (e.g. RVUs, patient satisfaction, publication, teaching evaluations, etc.) tracked to be used as the basis for improvement efforts and bonuses in some cases. The RVU-based model was acknowledged to promote fairness and transparency, and some departments whose institutions dictate paying per wRVU have found creative ways to create a fair system using a hybrid of base compensation with an RVU target, prorated to clinical FTE, with a little left over for "excellence" bonuses and non-clinical positions.

From *"Effects of assessing the productivity of faculty in academic medical centres: a systematic review"* (citation follows):

"Box 1: Challenges to assessing productivity of faculty

- The best way to measure productivity is not clear
- Faculty may have little or no control over their productivity because of factors such as clinic population, scheduling, staffing and nonclinical demands. Similarly, productivity in research activities may be affected by factors such as the availability of biostatistical and methodologic support.
- Implementation of a productivity assessment strategy may be hampered by the lack of timely and accurate billing data; dedicated staff may be required for the collection, verification and analysis of data.
- In many cases productivity data are self-reported and may require regular auditing.
- Concerns about the fairness, accuracy and timeliness of the process may negatively affect faculty buy-in and need to be adequately addressed.
- The assessment of clinical productivity typically does not account for teamwork and may affect it negatively. As a result, some have advocated the assessment of productivity at the group level."

Akl EA, Meerpohl JJ, Raad D, Piaggio G, Mattioni M, Paggi MG, Gurtner A, Mattarocci S, Tahir R, Muti P, Schünemann HJ: Effects of assessing the productivity of faculty in academic medical centres: a systematic review. CMAJ 2012, 184(11):E602-612.

Did you know that ADFM has a Facebook page? Friend us or

Like us on Facebook

Have you seen the commentary in the May/June edition of the *Annals of Family Medicine*, "Evolving Competencies for Chairs of Departments of Family Medicine"?

All *Annals of Family Medicine* commentaries from ADFM are archived on our website, at http://www.adfammed.org/Commentaries

Primary Care Performance Measurement:

recommendations from ADFM members about sentinel papers and books on the topic

Bazemore AW, Petterson SM, Peterson LE, Phillips RL. More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations. *Ann Fam Med*. 2015;13(3):206-213.

Institute of Medicine. Vital Signs: Core Metrics for Health and Health Care Progress. Washington, DC: The National Academies Press, 2015.

Primary Care Assessment Tools, via The Johns Hopkins Primary Care Policy Center

Oregon Health Authority Patient-Centered Primary Care Home Program 2014 Recognition Criteria
(Oregon's tool is based on the PCAT by Starfield et al, noted above)

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Family Medicine for America's Health Needs You

About Family Medicine for America's Health

Family Medicine for America's Health (FMAHealth) is a five-year collaboration sponsored by the eight leading family medicine organizations in the United States. Its mission is to demonstrate the value of primary care in achieving better health, better care, at lower costs for people across the United States while improving the ability of primary care professionals to lead fulfilling lives as caregivers.

To accomplish its mission, FMAHealth has created six Tactic Teams to focus on the following critical areas:

- Practice Transformation
- Technology
- Research
- Payment
- Workforce Education and Development
- Engagement of Stakeholders

Opportunity to Engage with FMAHealth

We are looking for people who would like to participate on these teams. Each Tactic Team is assembling a network of volunteers to help achieve its objectives. (There is a more detailed description of the work of the six Tactic Teams in the link below.) We invite you to participate on a Tactic Team in one of three roles:

1. Project Team Members: Each of the six Tactic Teams will be working from 2015 through 2019 to accomplish a number of projects each year. There are three ways to serve as a Project Team Member:

Experts: People who bring particular kinds of knowledge, experience and/or expertise to bear that helps accomplish a task or achieve an objective.

Influencers: People who believe work on a particular project is very important and sign on to help influence others about its importance, especially as results of the work are achieved and consequences for action become clear.

Mobilizers: People who have passion and interest in working on a project whether or not they have experience or expertise in the subject matter. These are people who want to jump in and get work done.

2. Advisory Group Members: Advisory Group members will be asked to lend their perspective on certain issues or tasks through online discussion boards, participation in surveys, and through other channels.

3. Communicators: Not everyone who is interested in the work of a particular Tactic Team will currently be able to commit the time and attention needed to act as either a Project Team Member or Advisory Group Member. This group will be kept informed of Tactic Team activities through regular updates and will have opportunities to participate in Tactic Teams when their schedules permit. Additionally, we will ask Communicators to tell people they know about opportunities to engage that might be of interest.

If you would like to participate on a particular Tactic Team in one of these three roles, please let us know by following the link below to a questionnaire. **Please also distribute this message to others in your department whom you think might be interested in getting engaged:** **http://cfarsurveys.polldaddy.com/s/fmahealth-engagement**

ADFM's continued work on what departments can do to influence student career choice

Don't forget about the series of resources regarding student specialty choice put together by the ADFM Education Transformation Committee; new resources have been added since the Winter Meeting and are continuing to be developed.

We are in discussions with the FMAHealth Workforce team, AAFP, and STFM about how these resources may evolve into a more robust resource for the discipline.

Check it out at: http://www.adfammed.org/Meetings/2015WinterMeetingResources/RightingtheInvertedTriangle

Have you seen PCPCC's Primary Care Innovations & PCMH Map by State or their list of State Legislation around PCMH and Advanced Primary Care?

Keep up to date with all new resources by signing up for their newsletter here!

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State Innovation Model grants

Al Tallia, MD, MPH,
Chair of the ADFM Healthcare Delivery Transformation Committee

If you haven't seen it, check out Lauren Hughes, Alon Peltz, and Patrick Conway's Viewpoint article in *JAMA* that describes the State Innovation Model grants from CMS. These grants are providing opportunities for many of our departments to make meaningful contributions to health system change. The article is a nice quick summary of the grant program with useful links to references and the projects that are in process. The article can be found in: JAMA. 2015;313(13):1317-1318.

SAVE THE DATE!

In conjunction with the AAMC meeting in Baltimore, ADFM will be hosting:

ADFM Town Hall
Saturday, November 7
10:30am-12:00pm
Location TBD

ADFM New Chairs & Fellows Workshop
Friday, November 6
1:00pm-2:30pm
Location TBD

Primary Care Progress is searching for their next Executive Director to help move PCP from its entrepreneurial stage to the next level.

Share the job description with those who might be a good fit for PCP!

ASTHO Supported Primary Care and Public Health Collaborative

The Association of State and Territorial Health Officials (ASTHO)-Supported Primary Care and Public Health (PCPH) Collaborative is a national collaborative of organizations and individual partners seeking to inform, align, and support the implementation of integrated efforts that improve population health and lower healthcare costs. This collaborative grew out of a strategic map created in response to the 2012 IOM report "Primary Care and Public Health: Exploring Integration to Improve Population Health."

The PCPH has 4 active committees that work to ensure ongoing active engagement, sharing of expert knowledge, and identification of needs related to the strategic mapping process. These committees include:

- Successes/Measures Committee: Determine appropriate measures for successful integration.
- Sustainability Committee: Identify resources available and needed to support integration work.
- Communication Committee: Support internal communication and promote/spread the collaborative's work externally.
- Workforce Committee: Identify opportunities for integration in primary care and public health workforce education, training, and certification.

Each committee holds bimonthly calls open to anyone interested. More information about the PCPH Collaborative, indivdual committees, and resources and stories related to primary care and public health integration can be found here: www.astho.org/pcphcollaborative

The PCPH Collaborative also has a newsletter; more information is available here: http://www.astho.org/PCPHCollaborative/Communications/Newsletter/

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ABFM's Family Medicine Registry

The ABFM is working to create a family medicine registry with the intent of simplifying the Maintenance of Certification process and helping physicians with quality metric reporting needs and making use of their EHR data. Read more about the study and the plan for this registry **here**.

Health Care Vital Signs and Core Metrics

Al Tallia, MD, MPH,
Chair of the ADFM Healthcare Delivery Transformation Committee

In the May 19th issue of *JAMA*, David Blumenthal of the Commonwealth Foundation brings to our attention Measuring Vital Signs, the IOM report on Core Metrics for Health and Health Care progress. For all of us involved in health system change, this Viewpoint and the referenced IOM report are essential readings. The IOM Vital Signs report proposes 15 core metrics to measure the country's progress to achieving better health at lower cost. This report will be attended to by national leaders and organizations, and has promise for guiding our academic departments to demonstrate how we can make meaningful contributions in family medicine to the populations we serve. I can envision a series of research projects summarizing existing and future contributions that family medicine will make to each of the metric domains. Please take a look at JAMA. 2015;313(19):1901-1902.

HAVE YOU SEEN THESE RECENT RESOURCES?

A new report from the Center for Healthcare Quality and Payment Reform, The Building Blocks of Successful Payment Reform: Designing Payment Systems That Support Higher-Value Health Care

The Agency for Healthcare Research and Quality (AHRQ) has released a new video presenting the latest findings on "Comparative Effectiveness of Medication Adherence Interventions": http://bit.ly/1Am15Ei. They are offering free continuing education credit for reviewing the video.

"An Update on Maryland's All-Payer Approach to Reforming the Delivery of Healthcare" - a new JAMA article describing the rapid transition of the Maryland hospital payment system, and some of the challenges and opportunities it has created.

An article from a member of ADFM's Healthcare Delivery Transformation Committee, Michael Rabovsky, MD, Chair at Cleveland Clinic, published in US News & World Report on "The Value of Having a Primary Care Doctor"

American Board of Family Medicine Elects New Officers and Board Members

The American Board of Family Medicine (ABFM) has announced the election of four new officers and four new board members. The new officers elected at the ABFM's spring board meeting in April are: James Kennedy, MD of Winter Park, Colorado elected as Chair; Keith Stelter, MD of Mankato, Minnesota as Chair-Elect; Jimmy H. Hara, MD of Los Angeles, California as Treasurer; and Christine C. Matson, MD of Norfolk, Virginia as Member-at-Large, Executive Committee. In addition, the ABFM welcomes this year's new members to the Board of Directors: John Brady, MD of Newport News, Virginia; Colleen Conry, MD of Aurora, Colorado; Robert J. Ronis, MD, MPH of Cleveland, Ohio; and Melissa Thomason of Pinetops, North Carolina. The new ABFM officers will each serve a one-year term.

Congratulations to ADFM member Chris Matson, MD, Chair at Eastern Virginia Medical School, on her election to the Executive Committee of the ABFM Board!

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WELCOME TO NEW MEMBERS*

Since February 2015

CHAIRS

- Wanda Cruz-Knight *(Case Western University)*
- Mark Loafman *(Cook County Health & Hospitals System)*

ADMINISTRATORS

- Mike Anderson *(University of Missouri)*
- Angela Edwards *(University of Alabama - Huntsville)*
- Eric Klavetter *(Mayo Medical School)*
- Amy Mendenhall *(Wake Forest University)*
- Kerin Misiunas *(University of Nebraska)*
- Aleksandra Sporysz *(Wayne State University)*
- Sara Wei *(UC-Irvine)*

** New members since February 2015. If this information is incorrect or you have additional information, please let Amanda Weidner know (akharris@uw.edu).*

Did you know...

...that the AAMC plans to include our Dept Family Medicine Chair competencies (featured in the current issue of the *Annals of Family Medicine*) as an Appendix to the next revision of the popular "The Successful Medical School Department Chair: A Guide to Good Institutional Practice" to come out later this Fall? This is all thanks to the hard work of our ADFM Leadership Development Committee!

OPEN CHAIR POSITIONS*

with an active search underway

- Cleveland Clinic
- Howard University
- Jefferson Medical College
- Meharry University
- Mercer University
- Michigan State University
- Michigan State University - Grand Rapids
- University of Alabama
- University of California - Irvine
- University of Connecticut
- University of New Mexico
- University of Texas Health Science Center at Tyler
- University of Texas Rio Grande Valley
- Wayne State

** If this information is incorrect or you have additional information, please let Amanda Weidner know (akharris@uw.edu).*

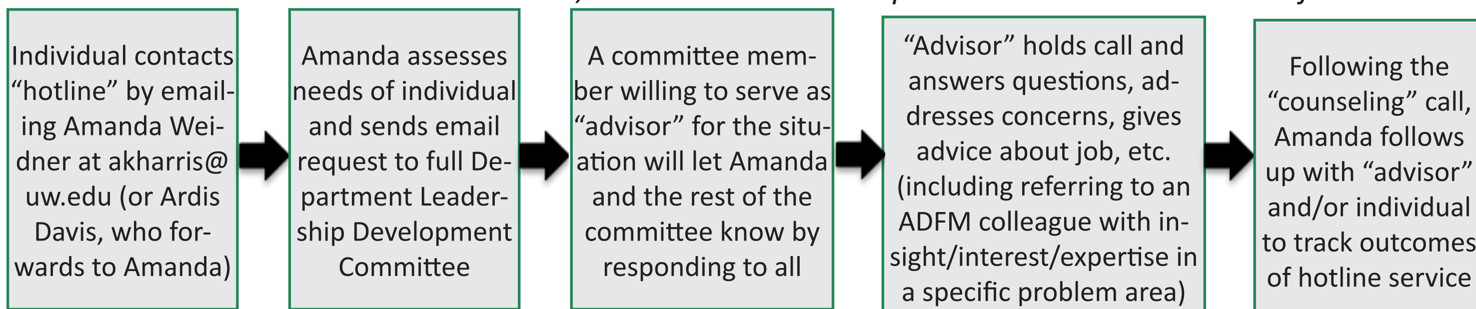
Want a New Chair Advisor or Want to Become a New Chair Advisor?

ADFM offers all new chairs who join the opportunity to be paired with another chair with more experience (5+ years preferred). The advising relationship is tracked by ADFM for 2 years; pairs are expected to check in with each other at least quarterly and to set specific goals/objectives for the advising relationship.

For more information or if you are interested in having or being an advisor, let Amanda Weidner (akharris@uw.edu) know!

Don't forget about our Interim Chair "Hotline"!

The ADFM Leadership Development Committee has a "hotline" service for those who have been asked to become interim chairs in the near future or have been in the interim chair role a short time and have not yet been connected with an advisor, but have immediate questions related to the chair job.



Please be sure to pass this information on to your colleagues for whom it might be useful (e.g. other members of your department if you are planning to retire or change roles, or colleagues at other institutions).