

# ADFM Newsletter

• • Fall 2014 • • Volume 3 (3) • •

## Inside this issue:

ADFM at the AAMC meeting ...1
2015 Winter Meeting update ...2
IOM Report on GME ...3
Leading Change Task-force update ...3
Pathway to Leadership in ADFM ...4
Interim Chair hotline ...4
2015-16 ADFM Fellowship ...5
Dates released for UMO 2015 workshop ...5
IPE Webinar Executive Summary & Resources ...6
Educational Innovations ...7

The ADFM Newsletter is a quarterly 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](mailto:akharris@uw.edu))! Happy reading!

## ADFM at the AAMC Annual Meeting

### ADFM Town Hall: Family Medicine for America's Health project

Saturday, November 8th

10:30am – 12:00pm

Room: Michigan

DoubleTree by Hilton Hotel Chicago  
Magnificent Mile, 300 East Ohio Street  
Chicago, IL

(note: this is not one of the hotels affiliated with the AAMC meeting but is nearby)

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### Sessions of Interest at the AAMC Meeting

We have put together a list of sessions that might be of particular interest to those in Departments of Family Medicine who plan to attend the annual AAMC meeting (which will be held in Chicago, IL from November 7-11). This list is available on the ADFM homepage at: <https://www.adfammed.org/>

All information about the AAMC meeting can be found on the AAMC website, including the full program with session abstracts, hotel information, etc.

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### Competencies for Family Medicine Department Chairs ADFM New Chairs/Fellows Workshop

Friday, November 7, 2014

2:00-3:30pm

Hyatt Regency Chicago  
Room: Burnham

The focus of this workshop is on competencies for Family Medicine Department Chairs; a list of which the Leadership Development committee has been developing. Participants will have a chance to discuss these competencies and early lessons learned in the chair role (or lessons learned during or prior to the ADFM fellowship) in a small group, "mini-consultation" format with other participants as well as more "seasoned" chairs.

If you are planning to attend, please RSVP to Amanda Weidner ([akharris@uw.edu](mailto:akharris@uw.edu)) so that we have an idea of our headcount in advance.

## PLEASE COMPLETE THE 2014 ADFM FINANCIAL SURVEY BY NOVEMBER 10!

The ADFM Financial Survey - which we use to collect important personnel and financial information about Departments of Family Medicine every 3 years - has been significantly re-vamped to improve question clarity and utility. Additionally, we plan to make the survey "products" more useful than they have been previously. This includes time built in to the 2015 Winter Meeting program to discuss the data in depth together and the offering of access to "drill down" data to those who complete this year's survey.

Instructions for the 2014 ADFM Financial Survey have been sent out over the ADFM listserves; we recommend completing the survey on paper prior to submitting it via the online form (one submission per Department), which can be accessed in the "members" section of the ADFM website once logged in.

## 2015 ADFM Winter Meeting is Taking Shape!

**SAVE THE DATE!**  
**2015 ADFM Winter Meeting**  
**February 18-21, 2015**  
**Savannah, Georgia**

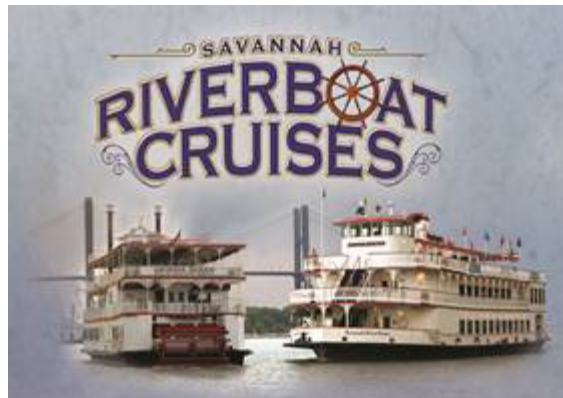
Our 2015 Winter Meeting, "Broadening to New Perspectives!" will take place on February 18-21, 2015 in Savannah, Georgia.

Our agenda this year includes more interactive content, using the "flipped classroom" concept as a model and includes more time built in for discussions, plans to share resources in advance of the meeting, and a mini "participatory research" experience around building resilient departments. We have a broad and interesting range of topics and have lined up a number of great presenters/discussants to talk with us and challenge us, including: Vivian Lee, PhD, MD, MBA, Dean of the University of Utah School of Medicine, Senior Vice President of

University Health Services and CEO, University of Utah Health Care; Andrew Sussman, MD, President of CVS' "Minute Clinics"; Todd Stivland, MD, Founder, Owner and CEO, Bluestone Physician Services; and Tom Schwenk, MD, Dean of the University of Nevada School of Medicine and past Family Medicine Department Chair.

dinner cruise, held aboard a Savannah Riverboat and instead of the optional "management dilemmas" dinner workshop on Friday night, we will be arranging optional facilitated dinner groups focused around a particular consultation topic.

We have recently sent out a call for proposals for special topics breakfasts, best practices/lessons learned for a session around increasing student interest in FM and case examples for a panel on "service lines" - submit your proposals today at: <https://catalyst.uw.edu/webq/survey/akharris/249502>



In addition to making the meeting itself more interactive, we have been working to spruce up the opportunities for networking and fun. This year, our annual dinner on Thursday night will be a

Registration for the meeting will open in late November, so keep your eyes out for that as well as for updates from the meeting planning committee!

**FAMILY MEDICINE**  
*for* **AMERICA'S HEALTH**

## Attend the launch of the Family Medicine for America's Health National Campaign!

**WHEN:** Thursday, October 23, 2014 at 10:00a.m.

**WHERE:** Walter E. Washington Convention Center, Washington, D.C., Room 208 during the American Academy of Family Physicians' Assembly

**RSVP:** By October 15, 2014 at [info@fmahealth.org](mailto:info@fmahealth.org) (you must register to attend)

**NOTE:** The launch will be recorded for those who aren't able to attend; we will share information over the ADFM listserves about how to access this video as soon as it is available!

Family Medicine for America's Health represents the eight leading family medicine organizations in the United States. We have come together to launch a major new national effort to demonstrate the value of true primary care and improve the health of our nation. The specific goals of this campaign are to deliver on the Triple Aim by: shifting the balance between treatment and prevention to ensure we are promoting health and increasing uptake of preventive measures; reducing health disparities; activating patients to become engaged and invested in their own health care; and ushering in an era of advanced technology for patient engagement and communication.

## IOM: Make GME Funding Accountable for Improving Health

*Chris Matson, MD, ADFM Education Transformation Committee Chair*

In Sept 2014 the Institute of Medicine recommended sweeping changes in funding graduate medical education in the U.S. Co-chaired by Don Berwick and Gail Wilensky, the paper cited the need for accountability in training for the next generations of physicians that is supported by public funding (approximately 10 billion of the total of \$15 billion that supports GME training comes from Medicare; and approximately 4 billion from Medicaid). The group's definition of the goal of GME training is to 'produce a physician workforce that meets the evolving health needs of the population.' Among specific recommendations are 1) maintaining Medicare GME support at

current aggregate (direct plus indirect funding) over the next decade while incentivizing innovation in content and financing of GME...then 'current Medicare GME payment system should be phased out.' 2) developing a policy and financing infrastructure, including strategic planning to assure '...sufficiency in geographic distribution and specialty configuration..' 3) consolidating funding for GME into one fund with two subsidiary funds: a) an operational fund for currently activities and b) a transformational fund, to support development and evaluation of innovative GME programs in performance measures; pilot alternative payment methods; and award new Medi-

care positions in priority disciplines and geographic areas.

Multiple organizations responded to this report, including the AAFP (pro) and the AHA and AAMC (con). Time will tell to what degree these potentially transformational recommendations will be implemented; whether Depts of Family Medicine will be ready with proposals for innovative content of GME including performance measures and alternative payment methods; and what unintended consequences will appear along the way.

## Leading Change Taskforce Tier 2: Update

*Update from Jennifer Johnson, Division Analyst/Director, UCSD Division of Family Medicine and John Franko, MD, Chair, East Tennessee State University*

The Leading Change Task Force Tier 2 members met in Chicago, IL August 25 & 26 to begin working on the next phase of the Leading Change Curriculum project. The objectives of project were reviewed and updated. The Charge from the STFM BOD was reviewed with the key instructions centering on the development of products designed for delivering live content in a variety of settings. New objectives were added to the current content to include products that will appeal to all levels of lead-

ership and incorporate any prior objectives that may have been omitted in the modules.

The issue of sustainability of the curriculum is being included in the work of the Task Force. To begin to address this issue, we are creating a Toolkit of the background resources that were used in the modules developed by the first Task Forces. This will include up-to-date references to accompany the material in each module. In addition,

the Toolkit will be a repository for all future content developed by this, or other, Task Forces.

The Tier 2 Task Force is also developing two additional projects that will create design structures for, and add significant new content to, the curriculum. We look forward to being able to announce more about them soon. We have our next conference call meeting in October and the next in person meeting is March 6 & 7, 2015 in Atlanta, GA.

### GME Enhancement: Veterans Access Choice and Accountability Act (VACAA) of 2014

ADFM recently held a teleconference on October 3 regarding this current GME expansion opportunity with the VA. There is a short turn-around on this (Oct 17) and the VA is the entity who is eligible to apply. Even if a Department of Family Medicine cannot engage with the local VA to take advantage of this current opportunity, there will be more to come so building a relationship with the local VA Designated Educational Officer (DEO) in your area may be beneficial in the long run. If you would like more information on this opportunity and/or want to know who the local VA DEO is in your area, contact Ardis Davis. (ardisd7283@aol.com).

## Pathway to Leadership in ADFM

Update Approved by Nominations Committee (9/27/14)

### OPEN CHAIR POSITIONS\*

with an active search underway

- Cleveland Clinic
- Emory University
- Howard University
- Jefferson Medical College
- Meharry University
- MetroHealth
- Michigan State University
- Southern Illinois University
- SUNY-Buffalo
- University of Alabama
- University of Arizona
- University of California - Irvine
- University of Pennsylvania
- Wayne State

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

### I. Pathway to Leadership in ADFM

1. Introduction into ADFM Leadership begins with the committees.

- Volunteer participation on the Winter meeting program committee is an entry level to leadership in ADFM.
- Active participation as a member of one of ADFM's strategic committees (Education Transformation, Healthcare Delivery Transformation, Research Development and Leadership Development) is the next level of entry into ADFM leadership
- Strategic Committee member positions are approved by the Executive Committee in consultation with the Committee Chair
- Strategic Committee Chairs are approved by the Board.
- Winter Meeting Program Chair is appointed by the President-elect and approved by the Executive

Committee

2. The most common pathways to getting onto the ADFM Board of Directors are through:

- Role of Committee Chair
- Winter meeting Program Chair
- Election to Member-at-Large position on the Board

### Expressions of Interest for ADFM Leadership positions are now being requested by October 20.

Contact Barbara Thompson and Ardis Davis for more information about this call for interest which went out over the Chairs' list-serve on Oct 4.

3. Member-at-Large positions on the board will be considered as one means of achieving desired diversity on Board. Optimally, membership on the Board of Directors will: 1) include members who desire active involvement and bring a collaborative spirit to the Board; and 2) reflect diversity in the following:

- Gender

- Length of time as chair
- Ethnic background
- Department size
- Private/public status of DFM
- Large Regional Medical Center status of DFM

### II. Criteria to consider for Single Slate Candidates for Pres-elect, Treasurer, Secretary:

#### REQUIRED QUALIFICATIONS

- At least 3 years as ADFM Member and
- Past or Current Participation as a member of the Board of Directors

#### PREFERABLE QUALIFICATIONS

- Committee Chair/Winter Meeting Program Chair
- For President Elect – In addition to the above:
- Consideration of skills in relation to Strategic plan – i.e has leadership skills required esp re: larger systems

## 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.

Individual contacts "hotline" by emailing Amanda Weidner at akharris@uw.edu (or Ardis Davis, who forwards to Amanda)

Amanda assesses needs of individual and sends email request to full Department Leadership Development Committee

A committee member willing to serve as "advisor" for the situation will let Amanda and the rest of the committee know by responding to all

"Advisor" holds call and answers questions, addresses concerns, gives advice about job, etc. (including referring to an ADFM colleague with insight/interest/expertise in a specific problem area)

Following the "counseling" call, Amanda follows up with "advisor" and/or individual to track outcomes of hotline service

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).

## Call for Applications: 2015-2016 ADFM Fellowship Program

ADFM is currently seeking applications for the 2015-2016 ADFM Fellowship Program. This is a year-long program targeted toward those who have aspirations to become a chair of Family Medicine within the next several years. Since the program was launched in 2009 as a response to the concern about a gap in the pipeline to Chair positions, 24 fellows have completed or are currently participating in the ADFM fellowship, 11 of whom (46%) have assumed interim or permanent chair positions.

Criteria used for considering applications include: a complete application packet; Associate Professor or higher rank; involvement in each mission: Education, clinical, research/scholarship (and administration); evidence of being chosen for leadership role within department/institution and outside institution; and MD, DO or PhD with clinical practice in family medicine.

Note that applicants are required to submit a letter of nomination/support

from a chair as part of their application packet. Detailed information about how to apply for the fellowship was recently sent over the ADFM listserves.

Please pass the fellowship information along to those in your department who may be interested.

The deadline for applications is **October 27, 2014**; questions and completed applications should be directed to Ardis Davis, ADFM Executive Director, at ArdisD7283@aol.com

### WELCOME TO NEW CHAIR MEMBERS\*

*Since the last newsletter*

- Mary Coleman (*Louisiana State University HSC*)
- Emily Dow (*University of California - Irvine*)
- Richard Friend (*University of Alabama*)
- Myra Muramoto (*University of Arizona*)
- Richard Roetzheim (*University of South Florida*)

\* New chair members since the last edition of the newsletter. If this information is incorrect or you have additional information, please let Amanda Weidner know (akharris@uw.edu).

### University of Missouri New Chairs Workshop September 13-16, 2015 Columbia, MO

ADFM consultant to the workshop will be ADFM President Paul James, MD

The New Chairs workshop, as described in the 2012 issue of the Annals of Family Medicine (University of Missouri's "Reincarnated" Workshop for New Chairs of Departments of Family Medicine <http://www.annfammed.org/content/11/5/483.full.pdf+html>) has received excellent evaluations in the past three years. Among the many positive comments, attendees have noted that "every new chair would benefit from this" and that "the personal attention I received was extremely helpful in navigating my way through some of my challenges during this first year as a chair."

The targeted group for the workshop is relatively new chairs (i.e. in the job for 3-5 years or less), any chair who has an interest in growing and learning in this small group environment is welcome.

If you are interested in attending or have questions, please let Ardis Davis, ADFM Executive Director, know at ArdisD7283@aol.com.

*Ideas for future newsletters? Contact Amanda Weidner at 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.

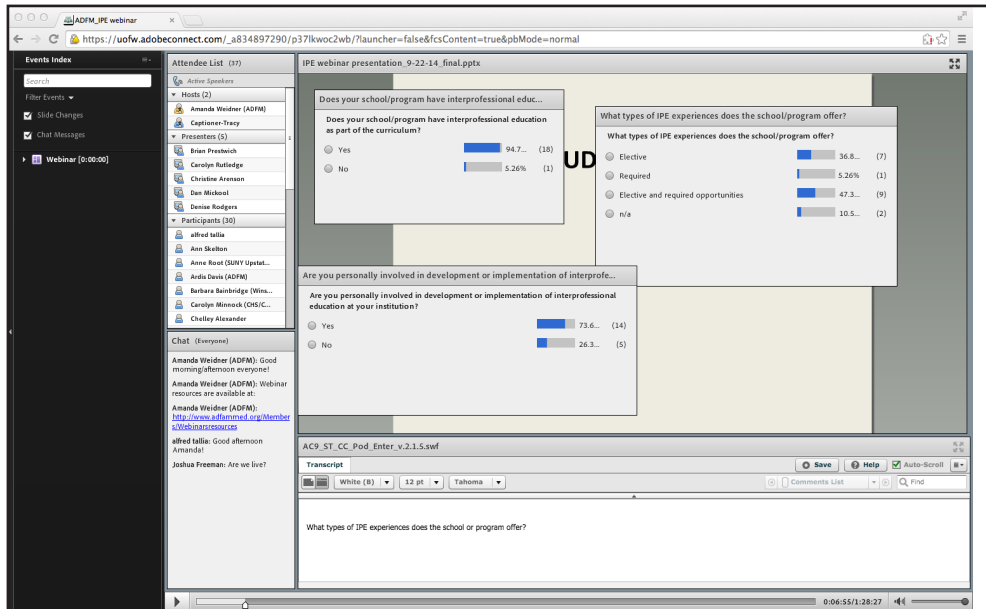
For more information or if you are interested in having or being an advisor, let Amanda Weidner (akharris@uw.edu) know!

## Interprofessional Education Webinar: Executive Summary

Interprofessional Education (IPE) is a goal many of us in academic medicine strive for, but the true outcome

is a faculty, and individuals in other academic roles. The large majority (62%) were from medical schools,

Sidney Kimmel Medical College, Thomas Jefferson University; Brian Prestwich, MD from the Keck School of Medicine of University of Southern California; Dan Mickool, MS, R.Ph from the University of New England; and Carolyn Rutledge, PhD, FNP-BC from Old Dominion University.



In addition to addressing the common list of challenges above, each presenter described the numbers and types of students and residents participating in the IPE, as well as the number and types of educational offerings with indication of whether they are required or elective.

### ACGME has launched a webpage for information related to the Single Accreditation System.

The link below is the new Single Accreditation System (SAS) webpage on ACGME website with helpful documents including an Executive Summary of the MOU, timeline and other related links. Applications for AOA programs wishing to receive ACGME accreditation will begin to be accepted July 2015.

<http://www.acgme.org/acgmeweb/tabid/445/GraduateMedicalEducation/SingleAccreditationSystemforAOA-ApprovedPrograms.aspx>

of education and training in clinical environments which transcends disciplinary boundaries remains a challenge. The Association of Departments of Family Medicine's (ADFM) Healthcare Delivery Transformation and Education Transformation Committees held a webinar on IPE on September 22, 2014 to address critical challenges in the following areas of executing IPE: stakeholder buy-in; curriculum development; venues; financing; relationship management; defining roles and responsibilities of learners and teachers; and interface with regulatory bodies.

The 34 webinar participants included about one quarter each of family medicine department chairs, family medicine department administrators, family medi-

but Large Regional Medical Centers (15%), academic health center residency programs (8%), and "other" institution types (15%) were represented. The vast majority (91%) had IPE as part of the curriculum with the majority of these experiences noted as a combination of elective and required. Over three-quarters of participants reported that they were directly involved in IPE within their own institutions.

The webinar was moderated by Denise Rodgers, MD, Vice Chancellor for Interprofessional Programs at Rutgers Biomedical and Health Science, and featured four cases of IPE from professionals representing family medicine, pharmacy and nursing: Christine Arenson, MD and Christine Jerpbak, MD from

Participants' questions during the course of the presentations pertained to the following issues: 1) financial stability and sustainability; 2) students/learners as "change agents" and the notion that they "eat this up"; 3) using real clinical sites for learning as opposed to simulation; 4) taking advantage of opportunities in IPE for scholarship and telehealth/distance learning; 5) leadership development and teaching learners what it means to work as a team, not just to form teams; 6) addressing professional biases about hierarchy on teams; 7) logistical challenges of scheduling with physical distances between learners' professional schools and needing to find ways to meet (this is one area where distance learn-

## Interprofessional Education Webinar: Executive Summary, cont'd

ing can be very helpful); and 8) tools for assessing teamwork.

Dr. Rodgers summarized several important points with regard to IPE as we all move in this direction within our own institutions. First, the issue of financial support and sustainability is the biggest issue confronting IPE. It is resource intensive, grant funding is enormously important, but are the programs sustainable when the grant dollars go away? Can we bring IPE innovations in which are cost- and time-effective? If it is required, everyone will follow as in required weekly afternoon sessions for all professions. Second, it is important to ensure that we see IPE as critical in a number of settings, not just the ambulatory setting. It may be the inpatient setting where

it is the most difficult to carry out and yet critically important. Third, there are a number of research questions which we should be addressing in our work around IPE. How much IPE is enough? At what point do we introduce IPE so that students' appreciation for working as members of a team is maintained throughout their clinical careers? How will we measure whether or not our interventions on the educational side mattered? At what point do we introduce IPE? Which IPE experiences are best? She noted that we are beginning to see some evidence that the introduction of interprofessional education into an institution may actually cause the faculty and the clinicians to begin to look at how well are they doing in practice in terms of their interprofessional

collaborations. Nothing is as undermining as teaching students in the sterile environment of education about the importance of IPE and then moving them into hospital settings where they see less than ideal examples of interprofessional communication and collaboration. The larger question then is to what extent does raising the student expectations about team performance influence those who are teaching them to perform better as members of teams?

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Missed out on the webinar? A recording of the webinar as well as a summary of the cases and a list of recommended resources can be found on the ADFM website at: <http://www.adfammed.org/Members/Webinarsresources>

**Have you seen the commentary from the ADFM Executive Committee & Kevin Grumbach in the Sept/Oct edition of the *Annals of Family Medicine*, "Evolving Perspectives on Population Health Management"**

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

## Resources on Interprofessional Education

- The Interprofessional Education Collaborative (<https://ipecollaborative.org/>)
- National Center for Interprofessional Practice and Education (<https://nexusipe.org/>)
- Exploring Interprofessional Education in the Family Medicine Clerkship: A CERA Study (<https://www.stfm.org/Portals/49/Documents/FMPDF/FamilyMedicineVol46Issue6Everard419.pdf>)
- The Four Pillars for Primary Care Physician Workforce Reform: A Blueprint for Future Activity (<http://www.annfammed.org/content/12/1/83.full.pdf>)
- Language from the LCME referencing changes related to IPE that go into effect in 2015
- The University of Toronto Centre for Interprofessional Education - with curriculum, tools, and other information (<http://ipe.utoronto.ca/>)
- What Does Team Leadership Mean in the PCMH? An *Annals of Family Medicine* Commentary (<http://www.annfammed.org/content/12/3/282.full.pdf+html>)

Additional resources are available at: <https://www.adfammed.org/Members/Webinarsresources>

## Educational Innovations

On each of the conference calls of the ADFM Education Transformation Committee, committee members are asked to share resources and educational innovations they have been using or have heard of recently. Below is a listing of some of these educational innovations and resources for you to think about using in your department!

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### Provide Input to PCORI

PCORI is developing a process for peer-reviewing their primary research and making research findings publicly available in a form and format useful to patients, clinicians, and others.

PCORI is providing a 54-day public comment period on "PCORI's Proposal for Peer Review of Primary Research and Public Release of Research Findings" from September 15, 2014, through 11:59 pm ET, November 7, 2014.

The draft proposal outlines PCORI's plan to conduct peer review of the primary research it funds and make the findings publicly available within a specific timeframe.

More information and access to where comments can be submitted is available here:

<http://www.pcori.org/content/provide-input>

### NCATS Releases New CTSA Funding Opportunity

NCATS released a new funding opportunity for the Clinical and Translational Science Awards in mid-September. Applications are due Dec 16, 2014 and more information is available at:

<http://www.ncats.nih.gov/research/cts/ctsa/funding/funding.html>

### Patient Voice Institute

The Patient Voice Institute focuses on the role of the patient's experience and satisfaction in the measurement of the outcomes of care and on health care quality. Check it out at: <http://patientvoiceinstitute.org/>

### Using Prezi to Guide the Discussion Stimulated by TedMed Talks

Tochi Iroku-Malize reported that she had come from a global health workshop where a presenter described a unique way to use Prezi to guide discussion amongst residents or students following the sharing of a TedMed talk - without telling the students/residents what to discuss. In advance of sharing the TedMed talk, the instructor would create a Prezi presentation that included any concepts that the students might bring up for discussion (options A, B, C, etc.). Then, after sharing the TedMed talk, the students/residents are encouraged to discuss whatever interested them from the talk, while the instructor can guide the discussion - to option A or B or C, etc. depending on which concepts come up in the conversation.

### Outside representative on Educational Boards

Marci Nielsen, Executive Director of the PCPCC, was the first public member to serve on the ABFM Board of Directors. Chris Matson commented on how she has contributed to the ABFM Board, illustrating how helpful it would be to have outside representative to some of our educational and other boards.

### AMA Recommends 8 Ways EHRs Can Be Improved

<http://click.jwatch.org/cts/click?q=227%3B68062859%3Bkyn4bBbCLhdJJu3viG6Doks eLmfq10S0McLbUStt0r0%3D>

The American Medical Association has offered eight priority areas for improving the design and usability of electronic health records. "There is a great sense of urgency to improve EHRs because every patient encounter and the physician's ability to provide high-quality care are affected by the current state of usability," the group says.

The priority areas are:

1. Improve the ability of physicians to provide high-quality care. Poorly designed EHRs can detract from the patient encounter rather than enhance it.
2. Support team-based care. EHRs must allow staff to perform their work to the extent of their licensure and privileges, as well as let physicians delegate work.
3. Promote coordination of care by tracking referrals and consultations.
4. Allow the product to be configured to the practice's needs.
5. Decrease cognitive workload by providing "concise, context sensitive and real-time data uncluttered by extraneous information."
6. Allow data to be easily shared with other healthcare facilities.
7. Facilitate digital and mobile patient engagement.
8. Allow users to provide feedback easily.