Feedback Session

Association of Departments of Family Medicine | Strategic Planning

Agenda

A. Overview of Process
B. Presentation & Discussion of Stakeholder Feedback
C. Closing & Next Steps

Overview of Process

Purpose, Scope, and Timeline

Purpose

- Develop a strategic plan for growing family medicine research in the next 5-10 years
- Use the FMLC as an incubator for creative ideas and current/future state visioning
- Host a Research Summit whose outcome is a family medicine national research strategy

Scope and Timeline

1	**Project Planning & Thought Partner Support** • Background document review • Thought partnership and communications support (throughout)	December
2	**Pre-Summit Planning Meetings & Plan Development** • Design and facilitate two in-person meetings (February, August) • Develop draft strategic plan to present at August meeting • Planning sessions #2-4 (6/12, 6/28, 7/13)	January – August
3	**Stakeholder Engagement** • Individual interviews (19*); Focus groups (2) • Data analysis • Present findings in planning session #1 (5/24)	March – May
4	**Research Summit & Deliverable** • Design & facilitate Research Summit (10/30) • Finalize research strategic plan following Research Summit	August – November

*One more interview is scheduled for 5/25/2023.

Presentation & Discussion of Stakeholder Feedback

Stakeholder Feedback Participants

	Interview Participants	Focus Group Participants	Total
Research Leaders	19*	11	**30**
Education Leaders & Learners	0	10	**10**
Total	**19**	**21**	**40**

*One more interview is scheduled for 5/25/2023.

Stakeholder Engagement Topics

A. Strategic Plan Development*
B. Implementation Barriers & Facilitators
C. Communication
D. Resources
E. Meaningful Engagement & Collaboration^
F. “Hard Wiring” Strategic Plan into Respective Organizations^
G. Closing

*Strategic Plan Development includes analysis of focus group discussion related to Professional Development & Networking and Training.

^Topics E and F were optional/time-permitting. Fourteen of 19 of interview participants and 1 of 2 focus groups had time to answer these questions.

Key Observations

1. The top two goals/priorities are clear: **centralize and fund** family medicine research and **strengthen the pipeline** to increase research participation.
2. Strategies to strengthen the pipeline **require funding**, which is reliant on the success of funding and advocacy efforts.
3. It is unclear who is responsible for **implementation of the plan** (e.g., centralized vs. decentralized implementation), which implicates strategy development. A complicating factor is that while there is **agreement about the priority areas**, there are **differing viewpoints on desired routes and results**.

A. Strategic Plan Development

1. What is the **overall goal** of a family medicine research strategy? What does **success** look like?

a. Centralize and increase funding for research

b. Strengthen pipeline to increase research participation

c. Produce research and evidence-base that reflect family medicine, are accessible and integrated (PBRNs)

1a. Centralize and increase funding for research

- Have a common definition of research with goals disseminated among all levels of family medicine and accepted by major research funders
- Advocate for greater funding for family medicine research
- Establish a primary care research center on NIH campus/create a division at NIH
- Need [centralized] structure to create more intentional synergy and networking

1b. Strengthen pipeline to increase research participation

- Culture of scholarship with dedicated researchers and broader cadre of folks who participate in practice-based research networks
- Opportunities for one-time or small contributions all the way to major funding for research – not just focused on pipeline of PIs
- Clear pathways for people in family medicine who want to make research a larger part of their career
- Aspiring physicians need to see a career that is sustainable
- Retain research-trained family physicians that are shifting to sub-specialty and siloed fields of investigation
- Nurture researchers in their home departments by allowing adequate time to sustain a research program

1c. Produce research and evidence-base that reflect family medicine

- Want family medicine research to be known as whole person, whole community research, including how [family medicine] interacts with the healthcare system
- Have well-supported and understood knowledge that's relevant to family physicians, like [findings relevant to] patients with multiple diagnoses and psycho-social issues
- Focus on longitudinal relationships, community-based research methods, and all sciences (like psychologists, sociologists, statisticians)
- Framework is person in a community, not just a disease
- Need research that answers questions for the 95%
- Prioritize evidence around what is effective in family medicine to inform training and practice

1c. Produce research and evidence-base that are accessible and integrated

- Research translates into practice quickly and appropriately by using bi-directional communication channels between high-level researchers and clinicians (practice-based research networks)
- Scholarship integrated into daily work of clinicians, educators. Evaluate and disseminate innovations.
- Results and products of research are accessible rapidly for use to improve outcomes

2. What do you see as the major **opportunities** for the family medicine national research strategy long-term (6-7 years)?

a) Capitalize on momentum of NASEM report to gain federal support

b) Answer important questions for community health and family medicine

c) Strengthen pipeline to increase research participation (early in medical school, access, mentorship)

2a. Capitalize on momentum of NASEM report to gain federal support

The 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report is broadly seen as critical momentum needed to motivate a federal hub for coordination and funding.

Desired results/pathways:

- Continue cross-organization collaborations [among family medicine associations] and prioritize a legislative request
- Use forthcoming action plan from Department of Health and Human Services (HHS)
- Create Office of Assistant Secretary of Health and Secretary's Council (within HHS)
- AHRQ National Center for Excellence in Primary Care Research as centralized location
- Establish NIH Office or Center for Primary Care Research; opportunities with Center for Whole Health Research through VA and PCORI to directly aim funding at primary care

2b. Answer important questions for community health and family medicine

- Reasons for start of family medicine (population health, maternal mortality, rural, etc.) are still relevant to national policy agenda
- Life expectancy, cardiology, mental health, opioid use disorders, telemedicine, women's health – family medicine can do research about this more so than any other
- Can show with some minimal effort what it means to provide team-based whole-person care to lower burden for populations and economics
- Study and preserve relationship-based care
- Leverage access to average, real world population as "lab" (ex. Framingham Heart Study in MA)
- Include patients in research (body of work supporting this)

2c. Strengthen pipeline to increase research participation

- By denying funding for research, [family medicine] denied the ability to create new knowledge, and how can you have a scientific discipline that cannot create new knowledge
- Low admission and poor retention; pipeline is dismal
- Support training programs and fellowships, incorporate training intro residency
- Physicians want more mentorship opportunities
- Opportunities exist for the average physician to participate in research but are not known [by physicians]
- Need better data exchanges, databases, network of research centers among departments

2c. Education & research focus groups on pipeline opportunities

Early exposure/entry for medical school students	Access (Education focus group only)	Mentorship
• Students inherently interested in this work • Pair students and residents [required to do scholarship activity] and link with fellows • Funded research opportunities between years 1-2 are critical opportunity; years 3-4 are too late • Short amount of time can be valuable	• Provide structure so students can connect to passion of “little r” topics • Research track for trainees • Funded one-year spot for research • Institutional grants valuable to trainees • Virtual repository/research management system to facilitate collaboration across differently resourced departments	• Need role-modeling, mentors, and people who know how to do it and have funding success • [Being around] enthusiasm, passion, and work ethic are motivating • Use technology to facilitate mentorship across the country

3. What **priorities** or overarching areas of focus would you like to see the family medicine national research strategic plan address?

a. Centralize and increase funding for research

b. Strengthen pipeline to increase research participation

c. Define and educate on the value of family medicine and its research

d. Partner across disciplines

e. Other viewpoints

- More inclusive of patients/use of equity lens
- Define research foci
- Grow family medicine leadership

3a. Centralize & increase funding for research

- Need up front investment and flexible capital
- Form lobby-focused coalition among primary care specialties to move a bill that increases funding
- Advocate for national institute to organize (never been able to get enough funding from HRSA, AHRQ, P-CORI, CDC, or NIH)
- Organize a consortium of community-based labs that are funded by institutional investment
- **Two approaches are working within existing system and advocating to change the system – have to do both**

3b. Strengthen pipeline to increase research participation

Possibilities/options are well-known	Tools and training are available	Leverage or model after known models
• Everyone knows that they can be a part of family medicine research • Communicated as a career pathway • Awareness of programs, able to connect to and navigate fellowships (e.g., website, web-based service)	• Rigorous training and infrastructure to support people at all career stages • Toolkit and examples, "how-to" implement at different levels • Individualized implementation support	• RWJF National Clinical Scholars Program (now defunct) • Opportunities like AAFP and BCBS Michigan • Expand or use Family Medicine Interest Group (FMIG) coupled with more institutional resources for faculty and students • HRSA Academic Units and AAFP Joint Grant Awards Program that both went away • Higher standards for 3rd year scholarship • Joint applications to NIHR Applied Research Collaborative • Borrow from Office of Emergency Care model

3c. Define and educate on the value of family medicine and its research

- Demonstrate how family medicine **impacts rural and urban communities** and **reduces burden on healthcare system**
- Increased focus on social determinants of health, population health, and health equity **aligns with family health expertise**
- **Whole-person care** is unique value-add that family medicine offers and needs to measure
- **Describe, quantify and promote** the value of family medicine research (e.g., finding interventions that add years to people's lives)

3d. Partner across disciplines

Interest in cross-disciplinary partnerships highlight both the (1) competing need to grow provider workforce and (2) tension of "big R" and "little r."

- See PhD and MPH faculty as peers and incorporate disciplines (nursing, social work) to do things like behavioral health in primary care research
- Increasing sophistication of research requires full-time researchers working with physicians, not training physicians
- Like the Dutch, have family medicine PhDs in related fields (sociology, anthropology, biostatistics) who can work across a representative practice-based research network
- Funding available to improve provider well-being and increase workforce that could complement efforts

3e. Other viewpoints

- Be more inclusive of patients, increased use of equity lens
- Define the research foci
  - Need a common vocabulary and to define the word research
  - Need a focused research program around the importance of relationships and relational care, continuity, and care coordination
- Grow family medicine leadership
  - Need role models, succession planning

B. Implementation Barriers & Facilitators

4. What will make the strategic plan **harder to implement (barriers)**? How can we eliminate the identified barriers?

a) Need consensus on strategy to access broad support and federal funding

b) Work to do on make-up of family medicine leadership

c) Strategic plan hangups

d) Non-scientific culture of family medicine needs to be oriented to relevance of research

e) Differing views on what family research priorities are ("big R" vs. "little r")

f) Other viewpoints
- Limited workforce requires more multidisciplinary partnership
- Political/cultural environment is distrustful of science

4a. Need consensus on strategy to access broad support and federal funding

- Need lobbying arms of AAFP, ABFM, NAPCRG, STFM, ADFM, CAFM to have coordinated research advocacy efforts as part of their agendas
- Advance a specific legislative strategy (besides just more funding) and commit resources to legislative/external strategy (instead of internal)
- Create better branding, messaging, storytelling
- Need visible engagement with federal funding agency leaders (PCORI, AHRQ)
- Seek funding elsewhere than NIH because they are disease focused and pushback is expected
- Need a foundation to underwrite population health research

4b. Work to do on make-up of family medicine leadership

- More development of Chairs and Deans in research
- Prioritize intentional diversity in junior and senior partnerships
- Build stable visionary leadership
- One stakeholder noted concern that some in current leadership or soon in leadership are vested in maintaining the status quo

4c. Strategic plan hangups

- Sentiment that family medicine has been here before and doubts that current effort can make progress and sustain energy
- Not clear what entity is in charge and responsible for implementation
- Concerns about it being a volunteer effort or having to find funding to support different pieces
- Concerns about priorities surviving leadership turnover

4d. Non-scientific culture of family medicine needs to be oriented to relevance of research

- Will have to combat anti-intellectualism
- Profession originated from the patient experience, need to demonstrate how it can be integrated
- Overcome imposter syndrome and show [family medicine faculty] they have a place in research
- Need robust inoculation of curiosity all the way back to medical school
- Demands of becoming a great family physician compete with research advancement; not a necessity that everyone goes beyond remaining curious and using evidence-based information

4e. Differing views on what family research priorities are (“big R” vs. “little r”)

- Different definitions of research requires getting multiple voices at the table
- “There is more talk about [inclusivity of family physicians] than the importance of having a cadre of extremely proficient researchers”
- General tension between “big R” and “little r” research approaches

5. What will help make the strategic plan **easier to implement (facilitators)?** How can we activate the identified facilitators?

a) Financial buy-in and ownership from key stakeholders
b) Commitment from ADFM leaders and across FM associations
c) Grassroots messaging/organizing that leverages culture of family medicine
d) Interest from broader audience
e) Implementation support (programmatic/institutional, community-level)

5a. Financial buy-in and ownership from key stakeholders

- Consensus that funding and ownership are needed
- Views differ on funding sources and ownership
  - Tether partners such that it is difficult to disentangle and there is incentive to make the plan work
  - Investments from groups like RWJ Foundation or Ford Foundation are more likely to come following investments from ABFM and the Academy
  - Private foundation funding
  - Leverage Primary Health Care Action Plan from NASEM (July 2023) to engage NIH, CDC, CMS in conversations about funding primary care research
  - Multi-partner investment in NASEM Advisory Committee with 3-year life span that is vehicle to push research agenda

5b. Commitment from ADFM leaders and across FM associations

- ADFM leaders are well-respected and highly regarded making their buy-in and facilitation of this key
- Ensure members who are excited about this work apply to be the newly elected leadership and are trained
- Define what is expected of family medicine organizations (ADFM, STFM, AAFP, ABFM)
- Bring all the partners together and avoid siloes during federal movement to centralize family medicine (e.g., this work, AHRQ-NCEPCR)

5c. Grassroots messaging/organizing that leverages culture of family medicine

- Engage, involve, empower, and give voice to family physicians and others who are invested in family medicine but not academics
- Tap into activist-like energy of family physicians who care about patients and want to make them better
- Ask for feedback to make new people (e.g., residents) aware so they can become ambassadors and participate in peer-to-peer grassroots effort

5d. Interest from broader audiences

- Family medicine needs to get health system leaders, policy makers, insurers, and payers to understand the value of family medicine
- Leverage university resources like public relations offices to elevate family medicine research (ADFM could motivate universities)

5e. Implementation support

Programmatic/institutional-level

- Identify people and brights spots in family medicine research to be advisers and mentors
- Feature exemplar implementation in journals as a how-to
- Provide tactical steps that Chairs and leaders can lean on when weighing decisions that move the plan forward

Community-level

- Trusted, community-embedded person to link patients to research (like a patient navigator but for navigating research)
- Dedicated non-practicing person to help
- Infrastructure like laptops, software, time, and programming

C. Communication

6. How can ADFM best **communicate** about the development of the family medicine national research strategic plan?

a) Family medicine road show

b) Target new/hard to reach audiences that can grow family medicine

c) Strategic messaging

d) Public/global approach outside of academia

e) Other viewpoints
   - Report out on progress and key milestones using the same channels in initial communication
   - Newsletter 3x/year highlighting who earned major grants, upcoming grant opportunities – encourages Chairs to report successes to ADFM

6a. Family medicine road show

- ADFM is right place, communicating among Chairs
- Peer to peer is helpful, have Chairs engage their departments on what their department can contribute
- Communicate to partners (STFM, NAPCRG, Departments of Family Medicine, ABFM + Research Team)
- Target schools of medicine, Robert Graham Center, scholar's programs, PBRN directors, pediatrics, internal medicine
- Use emails, newsletters, 90-minute webinars with Q&A
- Journal articles and conferences

6b. Target new/hard to reach audiences that can grow family medicine

- Academic centers that do not have departments of family medicine
- Spot young talent outside family medicine that can be mentored
- Go to places that medical school students and residents go
- Be physically present across the country to access hard-to-reach family physicians within communities (create CME for vested interest)
- Contact physicians in private practice (later years to incoming generations) and gain appreciation of lived experience of practicing
- ABFM include research as part of recertification (beyond quality improvement)

6c. Strategic messaging

- Strategy **depends on audience**; varies if goal is to recruit physicians to profession or engage patients to participate in research
- Policy shifts warrant deliberative democracy and public debate. Engage with groups and have **debate around barriers and facilitators.** Treat it like the **change management process** it is.
- Communicate research as **generating relevant knowledge**, not as separate endeavor to avoid "I can't do one more thing" mentality
- Quality improvement is a professional obligation and the **linkage between QI and research** needs to be made

6d. Public/global approach outside of academia

- Communicate to state legislators, grant makers in health, and Capitol Hill through writing blogs and op eds in national newspapers
- Health Affairs blog, New England Journal of Medicine as catalyst; need outward facing publications that can lead to a social media campaign
- Media (news articles, interviews, etc.), podcasts, Instagram channels; patient members work through available channels

D. Resources

7. What **financial or other resources might your organization be able to offer** to help support implementation of the strategic plan?

a) Fellowships, training, expertise

b) Perspectives and/or connections to gain or enhance resources

c) Dissemination of information

d) People's time

7a. Fellowships, training, expertise

- Potential for academic and scholarship resources, JAMA fellowship opportunities (AMA)
- Have a scholar's program and fellowship (Robert Graham Center, Georgetown DFM)
- Build scholar and learner activities (ABFM)
- Recruit, mentor, train, and fund family medicine researchers (Sheps Center for Health Services Research, UNC-Chapel Hill)
- Considering a 4-year residency program with research year (MD/MPH or PhD) but need money to decrease financial sacrifice (Howard University)
- Volunteer expertise working with racial, ethnic, and rural groups (UNM, Clinical & Translational Science Center)
- RapSDI program, positioned to connect to current research projects, open to develop resources to facilitate participation (AAFP, Practice-Based Research & Evaluation)

7b. Perspectives and/or connections to gain or enhance resources

- Invite **other primary care organizations to invest**, such as Society of General Internal Medicine, American College of Physicians, American Board- & American Academy of Pediatrics
- ADFM is network of **department Chairs who direct resources**
- **Formal collaboration** between department Chairs and professional organizations
- **Departments** should celebrate their researchers at home institutions, fund publication of research, ADFM memberships, trainings for faculty
- Family physicians become supporting piece of already secured research powerhouses as to **avoid competition**
- Need **NIH institute for generalists**; reform **Career Development Awards** to allow for a primary care clinical exception (like exists for surgeons)

7c. Dissemination of information

- Outward communication and convening in DC as part of ongoing efforts (Center for Professionalism and Value in Health Care)
- Strategic plan as topic for primary care forum quarterly with 60 attendees usually representing policy makers, researchers, and practicing MDs (Robert Graham Center)
- Access 25,000 members via newsletter, webinar, videos (American College of Osteopathic Family Physicians)
- Disseminate information through education, Annals of Family Medicine journal, conferences, tie to education credits (AAFP, Practice-Based Research & Evaluation)

7d. People's time

- Staff serve on committees (Robert Graham Center)
- Members will support efforts (need judicious use of volunteer time to avoid burnout) (NAPCRG)
- Committee and network structure, staff time (ADFM)

E. Meaningful Engagement & Collaboration

8. How can ADFM ensure it has **meaningful engagement and collaboration** with organizations throughout the strategic planning and implementation process?

a) Meaningful inclusion of diverse stakeholders

b) Continuous communication to report on progress

c) Other viewpoints

- Selectively partner with academic health centers
- Member-led action
- Pushback to engage & collaborate

8a. Meaningful inclusion of diverse stakeholders

- Be transparent and share to ensure it is a discipline-wide effort (not just ADFM)
- Need good representation across paper-writing process; talk to all the Boards and whoever will listen
- Present to different audiences (Chairs, NAPCRG, STFM), then go outside family medicine (Academy Health)
- Bring pediatricians and internists in early to feel a part of the construction of the strategy; need Academy Health and Research America (drivers of NIH agenda) on record as opposing or supporting the plan
- Highlight this process (like these 1:1's); reach out to research directors at universities; diversify funding portfolio with foundations that want to partner
- Perspectives of non-research focused organizations are represented to ensure they have a role in supporting the plan

8b. Continuous communication to report out on progress

- Be a standing item on Council of Academic Family Medicine (CAFM) agenda to communicate advances and barriers
- “Work/implementation recedes to behind the scenes after a plan is written. Figure out how to keep this front and center for all parties. Continue to point to it and show how [work relates to] the strategic plan.”
- “[Instead of emails], social media (Twitter, TikTok) may be an outlet – getting this out there is important. Maybe partner with some of the big [healthcare] podcasters to get the message out.”

8c. Other viewpoints

- Selectively partner with academic health centers
  - Academic health centers offer infrastructure, but do not lend themselves to the broader community-based network that is needed
  - NIH-funded Clinical & Translational Science Award (CTSA) model is compatible with family medicine research needs (goals, infrastructure, flexibility)
- Member-led action
  - Members have to be bold and accountable to motivating change at their own organizations; history of Chairs and Administrators making changes based on what they learn at ADFM
- Pushback to engage & collaborate
  - "Before you invite others to the table, be clear on what you want to do and who this is for; there is space for family medicine to do it on its own"

F. “Hard Wiring” Strategic Plan into Respective Organizations

9. How can you ensure the strategic plan is **“hard wired” into the work of your organization**?

a. Hinges on ability of **departmental chair/leadership** to advance it (easier for some/more complicated for others)

b. Helpful if **associations** adopt the strategic plan into their operations and communicate continuously

c. **Alignment** with respective strategic plans is required

9a. Barriers for Chairs/leaders

- Chairs that already participate in research assuming plan does not apply to them
- Chairs have many competing priorities
- Chairs serve at the pleasure of the Dean/Provost

Facilitators for Chairs/leaders

- Chairs engage their faculty who think about / have done research to implement
- Create a playbook with plug and play options for university implementation (ex. Talk to Dean, Provost)
- Checklist for research/publications to measure against

9b. Barriers for associations

- Awareness that plan needs an owner, but not clear who that is

Facilitators for associations

- Integrate plan into annual operating plans/policies
- Collectively reiterate the goal(s) of the plan and identify how activities are advancing specific goals

9c.

Barriers for alignment

- Not seeing how this plan enhances what stakeholders are already doing: “we’re doing fine without this [plan]”
- Viewing this plan as counter to what should be done: “If the plan has a Congressional focus, then it would be hard wired into the work, if it’s an internally focused plan, [it will be ignored]

Facilitators for alignment

- Implementation “hooks” like opportunities for funding

G. Closing

10. Is the **anything else** you would like to share that you think would be important for ADFM to know or think about as it plans for a national family medicine research strategy?

a) Ensure alignment across associations/groups

b) Include diverse stakeholders (multidisciplinary, career stages, patients)

c) Tap into untapped resources

d) Demonstrate how family medicine is building on lessons learned from past attempts

e) Other viewpoints
   - Want more clarity on current state of family medicine research
   - Encourage family medicine physicians to engage in research without mandating

10a. Ensure alignment across associations/groups

- ADFM president should speak at Society of Teachers of Family Medicine (STFM) to highlight how they are working together: "here's how your org contributed, pick up a 'playbook' on your way out"
- Major entities get on the same page about high-level strategies and codify those into their plans and communication
- Avoid duplication of efforts and confirm coordination with centers already working on this – AHRQ's National Center for Excellence in Primary Care Research (NCEPCR) should be involved
- Continue collaborative approach and keep partners apprised to ensure all family medicine-adjacent organizations are working together to elevate profession to the national stage

10b. Include diverse stakeholders (multidisciplinary, career stages, patients)

- Include nonphysician faculty to support research enterprises as partners and collaborators
- Increase number of physician researchers to ensure good balance of disciplines; have defaulted too much to PhDs that there is imbalance
- Work on inclusion at all levels of the effort, including newer career people
- Appreciation for and continuation of engagement with patients, families, and communities in ADFM's work and this plan

10c. Tap into untapped resources

- Leverage networks to build financial investments in the plan, including both traditional research funding (NIH) and private funding (to allow for agency in defining family medicine research)
- Need American Academy of Family Physicians (AAFP) to view itself as responsible for Congressional focus
- Develop new financing/business models that protect 3-4% of total revenues for practice improvement and investigative work for important questions

10d. Demonstrate how family medicine is building on lessons learned

- “Be honest about being here before, how this will be different, and acknowledge past learnings”
- “[In the past, we] got so caught up in the more complicated approach that we didn’t have control over [which] caused us to miss some more practical steps”
- “Build on what we’ve learned from past efforts”

10e. Other viewpoints

- Want more clarity on current state of family medicine research
  - “Who are the current researchers, what is their current capacity and what should it be? Who are the trainees? Know who is NIH-funded and what “level” departments are in, but don’t know numbers of people. What are the current options? What are all the ways we are doing research?”
- Encourage family medicine physicians to engage in research without mandating
  - Even with best infrastructure, not all will want to research
  - Need ways to engage that are not classic research
  - Need to engage those whose reaction is “please don’t make me [research] ever”

Discussion

Overall goal, definition of success

a. Centralize and increase funding for research	b. Strengthen pipeline to increase research participation	c. Produce research and evidence-base that reflect family medicine, are accessible and integrated (PBRNs)
FUNDING, ADVOCACY, INFRASTRUCTURE	PATHWAYS, MENTORSHIP	RESEARCH FOCI

Priority Area	Agreement	Challenge	Ownership
Ownership of Plan	Unclear who owns/is responsible for the plan	• Strategy development very dependent on ownership answer (centralized or decentralized)	
Advocacy	2021 NASEM report and resulting action provides critical momentum to increase support for family medicine research	• Challenges outlined in this table threaten a cohesive, strong advocacy effort	• Who decides legislative strategy? • Who funds advocacy efforts?
Infrastructure	Need to centralize research efforts to prioritize and grow research	• Disagreement and lack of clarity on how and where to centralize (e.g., network of PBRNs, NIH, AHRQ-NCEPCR, creation of new entity)	• Who makes this decision?
Funding	Need more funding to grow research and pipeline	• Disagreement on source of funding (e.g., NIH incompatibility with family medicine research foci) • Lack of clarity on where to direct large allocations of funding (e.g., private foundation, a new or repurposed hub)	• Where would additional funding go? How would it be allocated?
Pathways & Mentorship	Research workforce should be cross-disciplinary, and more funding is needed to make opportunities accessible	• Reliant on success of Funding and Advocacy efforts • Cross-disciplinary approach varies depending on how stakeholders prioritize research across the "R" to "r" continuum	
Research Foci	Research should be accessible and integrated; full continuum from "R" to "r" has value	• Approaches across the continuum from "R" to "r" are valued differently	• Who decides research priorities?

Summary Table: Considerations for strategy development

Closing & Next Steps

Next Steps

- Extended Planning Session #2, 6/12/2023
- Extended Planning Session #3, 6/28/2023
- Extended Planning Session #4, 7/13/2023