Association of Departments of Family Medicine
Strategic Planning: Survey Analysis

Overview

Purpose

- Analyze the visioning question with an emphasis on comparing/contrasting stakeholder groups
- For the barriers/solutions questions, analyze responses to identify any new challenges that did not emerge from the original stakeholder engagement analysis

Process

- ADFM requested stakeholders complete a three question survey

Topics

- Family Research in 2023 in an Ideal World
- Barriers to Achieving Ideal State & Possible Solutions

Stakeholders

- 256 participants

Stakeholder Group	**Survey Responses**
Practicing (Academic and Non-academic) Family Physician	135
Department Chair	23
Researcher (PhD and/or master's level and/or physician)	21
Research Director	15
Resident/Fellow	15
All Others	47
*Other**	*26*
Research Staff	*4*
Leader of a PBRN	*3*
Patient	*3*
Physician or leader of another medical specialty	*3*
Health System Leader	*2*
Leader of CTSA	*2*
Medical School Dean	*2*
Executive Administrator	*1*
Student	*1*
Total	**256**

*Other (26)

- Program Director (8): *Program Director (3), Residency Program Director (3), FM Program Director (1), Retired Program Director (1)*
- Faculty (5): *Residency, Education, Physician, Psychologist/BH, Psychologist in FM Dept*
- Education Director (4): *Medical Student Education Director (FM), IRB Chair of Community Teaching Hospital / Director of Graduate Medical Education, Education Director, Site Director of FM Dept (with training program)*
- Retired/Emeritus Faculty (3)
- Academic Family Physician (Non-practicing)
- Vice Chair for Quality, Advisor for Student Research
- Chair, Scholarly Activity
- Professor in Dept. Community and Family Medicine
- ABFM/multiple roles
- Worker

Family Research in 2023 in an Ideal World

1. By 2030, what does family medicine research look like in an ideal world?

Survey responses aligned with the priority areas identified from interview and focus groups; however, the order of priorities differed. Practicing (academic and non-academic) family physicians represent 53% of participants, resulting in significant influence over the order of priorities. A breakdown by stakeholder group is included for each priority as order varies by stakeholder group.

Survey participants most value **(1) Priorities and practices associated with practice-based research networks (PBRNs) (55% of participants)** and **(2) Overall improvement in health outcomes (48% of participants)**. These relate to priority (c) Produce research and evidence-base that reflect family medicine, are accessible and integrated (PBRNs) identified from interviews and focus groups.

In third, survey participants identified **(3) Support and resources for research (16% of participants)** as a priority. This relates to priority (b) Strengthen pipeline to increase research participation identified from interviews and focus groups.

Finally, in a category called **(4) Policy and prestige (9% of participants)**, survey participants envision family health research influencing policymakers and recognized nationally as an integral part of policymaking (NIH, payers, healthcare delivery, etc.). This echoes priority (a) Centralize and increase funding for research identified from interviews and focus groups.

Note: The interview and focus group questions referenced "the overall goal for a family medicine national research strategy," and the survey asked participants to describe a "family medicine research in an ideal world [in 2030]."

Priorities identified from interview and focus group stakeholder engagement:

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 (e.g., PBRNs)

Priorities identified from survey responses:

1. **Accessible and integrated research models that produce clinically applicable evidence-base (e.g., practice-based research networks/PBRNs)** (141/256). This echoes part of **priority (c)** identified from interviews and focus groups. The main difference is that survey responses focused more on the clinical/practical context of PBRNs.
    i. Practicing (Academic and Non-academic) Family Physician: 69/135
    ii. Department Chair: 6/23
    iii. Researcher (PhD and/or master's level and/or physician): 8/21
    iv. Research Director: 6/15
    v. Resident/Fellow: 5/15
    vi. All others: 15/47

2. **Overall improvement in health outcomes** (123/256) resulting from an emphasis on priorities like patient-centered/driven research, health equity, social determinants of health, and cross-disciplinary inquiry (public health, behavioral health). This echoes part of **priority (c)** identified from interviews and focus groups. These responses relate to theme #1 but differ because they are oriented toward the outcome and context of healthcare delivery.
    i. Practicing (Academic and Non-academic) Family Physician: 48/135
    ii. Department Chair: 10/23
    iii. Researcher (PhD and/or master's level and/or physician): 11/21
    iv. Research Director: 3/15
    v. Resident/Fellow: 8/15
    vi. All others: 16/47

3. **Support and resources for research** (40/256), which includes infrastructure that allows physicians to participate in research without sacrificing a work-life balance, funding, training/support received while in school, etc. This echoes **priority (b)** identified from interviews and focus groups.
    i. Practicing (Academic and Non-academic) Family Physician: 19/135
    ii. Department Chair: 4/23
    iii. Researcher (PhD and/or master's level and/or physician): 3/21
    iv. Research Director: 4/15
    v. Resident/Fellow: 2/15
    vi. All others: 8/47

4. **Policy and prestige** (23/256) include stakeholders who envision family health research influencing policymakers and recognized nationally as an integral part of policymaking (NIH, payers, healthcare delivery, etc.). This echoes **priority (a)** identified from interviews and focus groups.
    i. Practicing (Academic and Non-academic) Family Physician: 2/135
    ii. Department Chair: 7/23
    iii. Researcher (PhD and/or master's level and/or physician): 3/21
    iv. Research Director: 4/15
    v. Resident/Fellow: 2/15
    vi. All others: 5/47

Barriers to Achieving Ideal State & Possible Solutions

2 & 3. Briefly, please describe current barriers to achieving this ideal state. What do you see as possible solutions to these barriers?

Barriers identified by survey participants are represented throughout the interviews and focus groups (listed in no specific order):

- Cooperation across disciplines
- Culture of family medicine not emphasizing research
- Training/mentorship
- Funding for research
- Infrastructure to complete research (staff, time, programs, expertise, etc.)
- Business model/fee for service
- Patient volume/daily grind of typical family medicine physician
- Workforce shortage

The only unique barrier identified is **data and electronic health/medical records (EH/MRs)**. Participants describe data being more difficult to access, the unreliability of the way data are captured in EH/MRs, inefficient EH/MRs, and the poor interoperability of EH/MRs.