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: aweidner@adfm.org)! Happy reading!

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

2016 Winter Meeting “sneak peek”...
AAMC CORE project update: 2nd cohort...
Follow up from ADFM session on student interest...
The Practical Playbook Textbook published...
Administrators’ Mentorship Program...
NHSC Community Month!
PACER project...
CMS’s Transforming Clinical Practices Initiative...
Recent Resources...
New members, open positions & Interim Chair Hotline...
AAMC Annual Meeting Program Recommendations for Family Medicine...

Attending the AAMC and trying to figure out which sessions might be a good bet? See the last page of this newsletter for a list of sessions of potential interest put together by the Council of Faculty and Academic Societies (CFAS) with additional recommendations from ADFM’s own Barbara Thompson, MD, a many-year AAMC meeting attendee!

Attending the annual NAPCRG meeting?

Join us for the Annual U.S. & Canadian Chairs’ Meeting

Tuesday, October 27 from 12:15-1:45pm in Coral Garden 2

Look for more information on the Chairs’ listserve about the agenda and how to order a lunch in advance (lunch will not be provided)

The ADFM Research Development Committee, led by Dave Schneider, will also be presenting a session, “Developing Research Infrastructure in Departments of Family Medicine,” on Monday, October 26 from 12:00-1:30PM in Coral Kingdom 1. Come join us!

Ideas for future newsletters?
Contact Amanda Weidner at: aweidner@adfm.org

#SaveAHRQ Now

The Agency of Healthcare Research and Quality (AHRQ) is in real danger of termination by Congress in the current fiscal year 2016 funding bills. Please be on the lookout this week for an email alert coming to all Chairs (and administrators) requesting contact with your representatives and senators in support of funding for AHRQ. The alert will include talking points and a draft letter – and instructions for submitting the letter electronically.

Additional phone calls in support of AHRQ would be useful as well.
2016 ADFM WINTER MEETING “SNEAK PEEK”
John Hickner, MD, MSc, 2016 Program Chair

The Theme of the meeting “Family Medicine’s Role in the Academic Health Centers and Health Systems of the Future” aligns with the strategic aims of Family Medicine for America’s Health. We are most pleased to invite the FMAHealth leaders to our meeting to understand who we are in ADFM and how our work dovetails with the goals and work of FMAHealth.

Kicking off the theme of the main meeting on Thursday, February 18, we have a full morning planned starting with our keynote plenary address from Steven Wartman, MD, PhD, President and CEO of the Association of Academic Health Centers, who will discuss “Is there a future for generalism?”. This session will be introduced by our own Paul James who begin the morning by framing this important conversation. Dr. Wartman promises to challenge our assumptions about primary care in academic medicine. He will be followed by Larry Green, MD, Past Family Medicine Chair from the University of Colorado, who will challenge us further to consider the accountability of the Personal Physician of the future drawing on important conversations which took place at the Keystone IV conference in June. We will be bringing our future physicians (today’s medical students and residents) into the conversation to keep us grounded and informed about how the future looks to them.

The remainder of Thursday will begin our 2 part series devoted to Resilience - starting with Resilience in our Departments led by our own John Franko and Chantal Brazeau. This will be followed by a session on the ABFM’s data strategy by Bob Phillips, MD, VP of Research and Policy at the ABFM, and a hands-on look at our own data, facilitated by members of our ADFM Board-appointed data taskforce. Thursday will conclude with a hands-on look at research capacity in Departments of Family Medicine according to level of research, with small group work to help inform ADFM in this area.

We are most excited about our annual dinner being planned for offsite at the Institute of Texan Cultures which comes recommended by our own Carlos Jaen and Irma Sanchez. It is within walking distance for both our reception and dinner Thursday evening.

Friday, February 19 we will maintain our tradition of a free afternoon (we are located right on the RiverWalk, so plenty to do right there!). Before we break we will be stimulated in the morning by learning more about practice transformation innovations at the state level with Lauren Hughes, MD, from the Pennsylvania Department of Health and Kate Neuhausen, MD from the Virginia Commonwealth University, both young family physicians with health policy expertise. Our own Lloyd Michener will serve as moderator. This will be followed by the second part of our Resilience series, where Chris Sinsky, MD, AMA Vice President for Professional Satisfaction, will join us to discuss Joy in Practice.
The ADFM Healthcare Delivery Transformation committee has been collaborating with Scott Shipman, MD, MPH, Director of Primary Care Affairs and Workforce at the AAMC to support work around the AAMC’s Coordinating Optimal Referral Experiences (CORE) program, which focuses on implementing an eConsult and enhanced referral model. This model was initially developed at UCSF a few years ago and the AAMC received a Health Care Innovation Award from CMMI to pilot the program at five more AMCs across the country.

The second cohort of participating Academic Medical Centers will be announced soon; several of the candidate institutions were led into consideration by Family Medicine leadership. One such example is Sean Bryan, ADFM Healthcare Delivery Transformation Committee member and Chair at Greenville Health System in Greenville, SC. Sean describes how he has engaged his health system leadership to think about participating in the CORE project:

“I participated in the ADFM/AAMC webinar on CORE. I then forwarded Scott’s slides to the Chairs of Internal Medicine and Pediatrics here at GHS. They wanted to learn more so I set up a conference call for the three of us with Scott. Scott described CORE in more detail and answered our questions during this call. After this call there was unanimous and strong interest in the possibility of us becoming a CORE implementation site. The board of our multidisciplinary medical group then approved for us to submit an application to participate and we’re hoping to invite Scott to come here to speak with key stakeholders sometime in the next few months. I see CORE as well aligned with PCMH, Medical Neighborhoods, the IHI Triple Aim, and GHS’ vision of transforming health care for the benefit of the people and communities we serve.”

Registration materials will be available by the latter part of November. Looking forward to seeing as many of you who can join us!
At its annual winter meeting in February 2015, ADFM members took on the topic of student interest and student choice of family medicine. Among its speakers on the topic, ADFM hosted representatives from the American Academy of Family Physicians’ Medical Education Division to share perspectives on the issues, strategies, and resources at play. Below are answers from the AAFP to questions raised during that session, which were captured on a microblog discussion taking place as the speakers presented.

*This is part 1 of a multipart series - this section focuses on questions related to FMIGs*

**Q: Is there a forum where FMIG data and narratives are collated to inform educational planning? What are best practices for FMIGs?**

The AAFP hosts the FMIG Network website, including a section titled “Lead an FMIG.” Here, the AAFP publishes applications from 10-20 FMIGs per year that are endowed the AAFP’s Program of Excellence Award for exemplary FMIG initiatives. These applications are probably the best place to find out what’s going on with FMIGs across the country and find ideas for your own FMIG, department, and institution. AAFP staff is working on development of an FMIG programming database to make dissemination of these best practices even more easily accessible. Lead an FMIG can be found at aafp.org/fmig, and the Program of Excellence Awards specifically can be found at aafp.org/poe.

**Q: How do I get survey data from my school’s FMIG? Can I, as chair, get a list of my student members?**

The AAFP would be happy to provide the data submitted by your medical school’s FMIG, and a current list of students from your school who have joined the AAFP. Just contact the Medical Education Division. Ashley Bentley, student interest strategist, can be reached at abentley@aafp.org or (913) 906-6000 ext. 6725.

**Q: Is there a formal linkage between the FMIG Network and Primary Care Progress at the national level? How do FMIGs interact with AAMC student groups?**

Primary Care Progress has been extremely interested in collaborating with and activating the FMIG Network since it came into existence just a few years ago. A majority of the students and residents who have gotten involved in Primary Care Progress are pursuing careers in family medicine, though the organization takes a completely interprofessional approach and includes members from all health professions training program. The AAFP and Primary Care Progress have worked together on several isolated initiatives including conference presentations and webinars, and have maintained a consistent and ongoing dialogue. Feedback from faculty at schools where Primary Care Progress chapters have emerged largely report that Primary Care Progress does good work. One chair commented on the microblog that the Primary Care Progress chapter at his or her institution has been wildly successful, complements the FMIG, and doesn’t compete. The AAFP intends to continue and expand its work with Primary Care Progress to leverage the complementary strengths and aligning goals of both organizations.

The AAFP also has a formal relationship in the form of a Student Liaison to the Student National Medical Association, and works closely with the American Medical Student Association on initiatives like National Primary Care Week, conference programming, and other initiatives. The AAFP appoints and funds two student delegates to the American Medical As-

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**Closing the Data Divide Virtual Challenge: Bridging Public Health & Primary Care**

Do you remember the multiple choice logic questions where the trick answer was “not enough information to solve”? Primary care providers and public health officials often experience this conundrum in their line of work. The Closing the Data Divide Challenge is a virtual challenge seeking technology-based solutions that facilitate the exchange of data and foster collaboration between primary care professionals and public health professionals. The best app developed to this end will win $30,000. Find out more online at [http://www.closingthedatadivide.com/](http://www.closingthedatadivide.com/).
Coming soon! The Practical Playbook has updated and compiled the best of its online resources into a textbook. The Practical Playbook: Public Health and Primary Care Together is a roadmap for collaboration between primary care providers, public health professionals, and more. The textbook explores the steps public health and primary care professionals can take to improve population health in case studies, practical recommendations, data resources, and commentaries from national leaders in practice and academia. (Available on Amazon for pre-order now)

**Q: What data exist about the percentage of students who go to family medicine from FMIGs?**

A 2011 study by Hinchey, et al., titled “Association Between Interest Group Participation and Choice of Residency” reported that participation in a family medicine interest group had the highest correlation with selecting the specialty as top choice in the Match when compared to other specialty interest groups, with 29% of students who participate in FMIGs selecting family medicine residencies. According to that study, 81% of students who selected family medicine as their top choice in the Match had also participated in their FMIG. A sneak peek into unpublished data from a 2015 survey of fourth-year student members of the AAFP reports that 54% of students who chose family medicine were involved with their FMIG, that 34% indicated that FMIG involvement influenced their interest in family medicine, and 15% say that FMIG involvement influenced their choice of family medicine.

**Q: Have there been surveys of those involved in FMIGs who do not go on to choose family medicine?**

The same unpublished data from the 2015 AAFP survey referenced above reports that students who did not choose family medicine were less likely to be involved with their FMIG and less likely to be influenced by it. The survey captured thousands of words in responses to open-ended questions by students regarding their perspectives of family medicine and their eventual specialty choice. That data will take time to analyze and is not intended to be reported in an official manner here, but a preliminary and still incomplete review reveals many of the barriers that this group is already aware of are influencing students, including perceptions of the prestige of the specialty, the competitiveness of the specialty, that the specialty is too broad, that family physicians have to see too many patients, they have too much paperwork, that students are too smart or too skilled in procedures to go into family medicine, that other health professionals will take care of the primary care, that family physicians are underpaid, and other sentiments that we already know are out there. The same survey reflects that many students—both students who chose family medicine and those who did not—believe the specialty offers a great lifestyle, relationships with patients, variety, flexibility, the ability to be on the front lines of health care, lots of job opportunities, competitive salaries, that family physicians are needed, that health systems are emphasizing primary care, and many other strengths of the specialty choice.

**SAVE THE DATE!**

On May 22-24, 2016 at the Hyatt Regency in Bethesda, MD, The Practical Playbook will be hosting its first national meeting: Bringing Public Health and Primary Care Together.

Keep your eye out for a “registration open” notice on the ADFM listserves!
Administrators’ Mentorship Program

The Administrators’ Steering Committee is implementing a new mentorship program this year. Below is some background information on the process along with an overview of the program and the mentor/mentee roles.

**Program Guidelines:**
- Mentor and mentee partners will be matched based on mentee needs and mentor strengths along with department similarities.
- Mentor and mentee partnerships will last for 12 months within the program and may continue unofficially if the parties agree.
- Participation is voluntary and may be terminated by either party if desired.

**Program Objectives:**
To match seasoned ADFM Administrators (3+ years in a department) with new ADFM Administrators (<3 Years) in DFMs that are similar in size and structure to assist with the transition to a DFM Administrative Role and to improve specific knowledge, skills and abilities related to the role of an administrator. Additionally, the program aims to facilitate a better understanding of the ADFM culture for new administrators.

How will Administrators be matched up?
To start the process, interested mentees and mentors will be asked to complete an informational application form and to answer a set of demographic questions regarding their department (size, services offered, etc.). Mentees will be paired up with an appropriate mentor based on department structure, preferences, and stated goals for the mentorship.

Interested Administrators should keep their eye on the listserv for more specific application dates and information coming soon!

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 (aweidner@adfm.org) know!

October is National Health Service Corps Community Month!
The following resources are being shared with ADFM members to help HRSA raise the visibility of Corps Community Month - feel free to share with anyone (students, residents, etc.) who might be interested!

- **Social media:** Content about the NHSC and Corps Community Month, in English and Spanish, to reach out via Facebook and Twitter.
- **Virtual Job Fair:** Details about an upcoming online job fair, scheduled for October 20 from 6:45 pm – 10:00 pm (ET,) where interested parties can join throughout the evening to hear from community health center representatives about current primary care career opportunities at NHSC sites.

The National Health Service Corps (NHSC), a program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), helps build healthy communities by connecting primary care providers to areas of the United States with limited access to care.

During the month of October, NHSC is celebrating Corps Community Month. The theme of this year’s NHSC Corps Community Month is: Training. Access. Delivery. Health.
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Professionals Accelerating Clinical and Educational Redesign (PACER)

The American Boards of Family Medicine, Internal Medicine, and Pediatrics, along with the ACGME and the Josiah Macy Jr. Foundation are working together by combining expertise and resources to create an exciting new national professional development program. To meet the challenge of producing a better trained primary care workforce, they have created PACER (Professionals Accelerating Clinical and Educational Redesign), a 3 year program that will build high functioning inter-professional faculty teams equipped to transform their clinical practices and educational programs to prepare their trainees to work together in high performing patient centered medical homes. They are seeking interprofessional teams of faculty from three primary care disciplines in medicine as well as nursing, pharmacy, behavioral health or other health professions who:

- Embrace innovation and change
- Have started the re-design process in their residency continuity practices and training programs
- Have a willingness to work together

What makes this program different from other faculty development initiatives is the creation of learning communities of primary care professionals within institutions and the emphasis on application of learning in a competent local clinical environment.

Learn more at pcpacer.org

CMS’s Transforming Clinical Practices Initiative

The Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. In late September 2015, 39 national and regional healthcare networks were chosen to participate in the initiative; these networks will work to empower clinicians for better care and smarter spending. For more information about the initiative and the practice transformation networks that were chosen to participate by state, visit: http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/

HAVE YOU SEEN THESE RECENT RESOURCES?

The Payment Reform Glossary - a free resource from the Center for Healthcare Quality and Payment Reform is now available, as is a new report, Bundling Better: How Medicare Should Pay for Comprehensive Care (for Hip and Knee Surgery and Other Healthcare Needs).

Robert Wood Johnson Foundation and Virginia Commonwealth University’s Center of Society and Health recently released a series of maps showing wide variation in life expectancy for babies born in several major cities as well as the state of North Carolina; the team plans to release a number of additional maps soon.

HRSA’s National Center for Health Workforce Analysis has released the 2014-2015 Area Health Resources Files. These are a no-cost, comprehensive source of healthcare data. Information on national, state, and county-specific health and health-related resources includes health care professions, health care facilities, hospitals, and population health data. More information on the AHRF and how to download the data is available here.
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 aweidner@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).

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**NOTABLES & MILESTONES**

On November 12th, 2015 the University of Miami Miller School of Medicine is celebrating the 50th anniversary of the founding of the Department of Family Medicine and Community Health, one of the first departments of family medicine in the country. Department Chair Bob Schwartz wrote, “The program was founded by Lynn B. Carmichael and its nice to know that we are still thriving and producing exemplary graduates for our profession.”

*(send Amanda Weidner your “notables & milestones” at aweidner@adfm.org)*
Below is a list of sessions of potential interest at the AAMC Annual Meeting put together by the Council of Faculty and Academic Societies (CFAS) with additional recommendations from ADFM's own Barbara Thompson, MD.

**Friday, November 6**
6:30-7:30 p.m. Open Networking Reception

**Saturday, November 7**
8:30-9:45 a.m. Opening Plenary – Social Justice: Race, Health, Education and Culture
10:15-11:30 a.m. Academic Medical Centers as the Multiplier of Innovation
10:15-11:30 a.m. Enhancing Academic Value – Connecting Research to Healthcare
10:15-11:30 a.m. Precision Medicine
10:30-12:00 p.m. ADFM Town Forum* - at Royal Sonesta Harbor Court, “Hamptons” room
(*)NOTE: THIS IS NOT IN AAMC AGENDA; see pg 1 of this newsletter
1:15-2:30 p.m. Academic Medical Centers and Health System Transformation and Innovation
1:15-2:30 p.m. Annual Address on the State of the Health Workforce
1:15-2:30 p.m. Financing the Academic Mission: How Medical Schools Work
1:15-2:30 p.m. Research, Made Personal
3:00-4:15 p.m. 2015 Nina Matheson Lecture
3:00-4:15 p.m. Protecting and Engaging Human Subjects in a Changing Research Landscape
3:00-4:15 p.m. Best Practices in Compensation Equity

**Sunday, November 8**
8:30-9:45 a.m. Leadership Plenary Session
10:15-11:30 a.m. Communities, Social Justice and Academic Medical Centers
10:15-11:30 a.m. Is My Learner Fit? Dimensions of Well-being and Impairment
10:15-11:30 a.m. Understanding Medical School Investments in the Research Mission
1:15-2:30 p.m. Learner Wellness and Resilience: Partnering to Foster Strategies of Engagement
1:15-2:30 p.m. Jordan Cohen Humanism in Medicine Lecture: Without compassion there is no healthcare
1:15-2:30 p.m. Unconscious Bias in Academic Medicine
1:15-2:30 p.m. Why Do We Support Research?
3:00-4:15 p.m. Success in Succession Planning
3:00-4:15 p.m. The Convenience Revolution: What Does It Mean for Health Care in America?
3:00-4:15 p.m. Best Practices in Compensation Equity

**Monday, November 9**
8:30-9:45 a.m. Plenary Session: A Conversation with Steven Brill: America’s Bitter Pill
10:15-11:30 a.m. Aligning Care with Patient Preference in Late Stage Illness
10:15-11:30 a.m. Using Data for Strategic Decisions
1:15-2:30 p.m. Advocacy Hot Topics
1:15-2:30 p.m. Herbert W. Nickens Award Lecture
1:15-2:30 p.m. Using Big Data to Advance Research, Education, and Clinical Care
3:00-4:15 p.m. LGBT Community Health Center and Academic Health Center Relationships
3:00-4:15 p.m. Physician-Scientist Workforce
3:00-4:15 p.m. The AAMC Optimizing GME Initiative

**Tuesday, November 10**
8:00-9:15 a.m. Improving the Environment (and the Lives) for Faculty Focused on GME
8:00-9:15 a.m. Principled Partnerships: Advancing Research Through Collaboration
9:30-10:45 a.m. Leading Institutional Change
9:30-10:45 a.m. So Who Is Faculty, Anyway?
11:00-12:00 p.m. Closing Plenary