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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)!
Happy reading!

Family Medicine for America's Health

The planning phase of the Family Medicine for America's Health initiative has been completed. The Boards of Directors of each of the seven original sponsoring organizations, plus the American College of Osteopathic Family Physicians (ACOFP), have approved both the multi-year strategic and communications plans to address the role of family medicine in the changing health care landscape. The eight organizations have pledged more than \$20,000,000 over the next five years to implement both plans.

Moving forward, this effort will be known simply as Family Medicine for America's Health. An Implementation Committee has been formed that will drive the next phase of this work. Tom Campbell, MD, is our ADFM representative to

this committee.

The framework of the strategic plan - which will be published in full in an article in the *Annals of Family Medicine* later this year - is organized according to a few guiding principles:

- Put the patient and family at the center – always.
- Now is the time for family medicine to take up a leadership role in primary care, including reforming payment in ways that make it possible for family physicians to offer patients and their families the highest quality primary care.
- Family medicine must clearly state its vision for the next five to seven years and pursue actions specifically linked to strategies in six critical areas: practice, payment, workforce educa-

tion, technology, research and engagement.

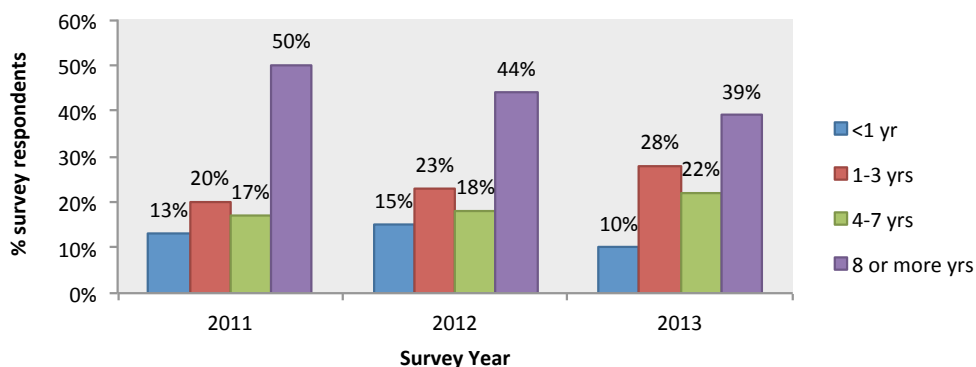
- Family medicine can't prove the value of primary care alone. Family medicine leaders must take a leadership role in building partnerships and alliances with a variety of stakeholders in the wider health care system – with patients, other primary care health professions and national policy organizations, among others.

For more detail on this and information about the communications plan, check out the organizational updates on the project webpage, <http://www.aafp.org/futurefm> or on the [ADFM homepage](#), where links to all updates are located on the right hand side of the page.

More New(er) Chairs in ADFM

Since 2011, we have asked our chair members how long they have been in their current chair position. In 2011, 50% of our responding chairs (N=113, a 77% response rate) reported being in their current position for 8 or more years. Only 2 years later, in 2013 (N=117, a 78% response rate), only 39% reported this length of tenure.

Years as Chair in Current Position



U Missouri-Columbia DFM New Chairs' Workshop Held June 1-4

*Ardis Davis, MSW, ADFM Executive Director
and Steve Zweig, MD, Leadership Development Committee Chair*

A Practical Playbook: Public Health. Primary Care. Together.

In collaboration with the CDC and the deBeaumont Foundation, the Duke Department of Community and Family Medicine recently launched the "Practical Playbook," designed to help with the integration of public health and primary care in communities by sharing information about integration, providing guidance and tools for moving forward with integration, and sharing across communities in the United States.

As articulated on their website, "The Practical Playbook is a stepping stone in the next transformation of health, in which primary care and public health groups collaborate to achieve population health improvement and reduced health care costs. It supports increased collaborations between primary care and public health groups by guiding users through the stages of integrated population health improvement. Throughout each stage, the Practical Playbook provides helpful resources such as success stories from across the country, lessons-learned from existing partnerships, and further guidance from industry experts."

Take a look at:
<https://practicalplaybook.org/>

For the past three years, ADFM has worked with the Department of Family Medicine at the University of Missouri - Columbia to hold an intensive workshop for new chairs patterned after workshops which the Department, then under the leadership of Jack Colwill, MD, held in the 1990s. (See our ADFM commentary in the Sept/Oct 2013 issue of the Annals of Family Medicine for more information at <http://www.annfammed.org/content/11/5/483.full.pdf+html>).

We recently held this workshop in Columbia, MO again with three new chairs and found that, as in past years, all of us learned from each other. Tom Norris, MD, Chair of Family Medicine at the University of Washington, attended as ADFM's consultant and Board member. We look forward to opening this experience up to new and aspiring chairs and would welcome ADFM Fellows. Watch our Chairs' list-serve for dates of the 2015 Univ MO New Chairs workshop TBD.

One activity which we engaged the participants in was to begin to define core competencies for chairs of family medicine departments. This is something our ADFM Leadership Development committee has agreed would be helpful not only for all of our chair development efforts but also for our ADFM Fellowship. We will continue to work on developing this set of core competencies within our Leadership Development committee and will share at an appropriate time for broader comment and input.

ADFM Survey Schedule for 2014

Bernard Ewigman, MD, MSPH, Research Development Committee Chair & ADFM Liaison to the CERA Steering Committee and Amanda Harris, MPH, ADFM Data and Special Projects Manager

This summer, starting in early August, we will be sending out the every-3-year ADFM Financial Survey to department chairs and administrators. The survey is being revamped this year and we hope it will be easier to fill out (with your administrators' involvement) than past years and more useful to everyone! The ADFM Annual Survey of Chairs will be sent out at the beginning of October.

We have taken your feedback on the way that survey results have been presented in the past seriously and hope to allow all ADFM members a deeper, more comprehensive look at the data this year. The results from both ADFM surveys will be shared with ADFM

members in advance of the 2015 Winter Meeting and time for small group discussions about the results and their implications will be built in to the meeting agenda.

Note that CERA will also be conducting a survey of Chairs this summer, starting in mid-June and closing on August 5, in addition to their annual survey of all CERA members in December.

We very much appreciate your participation in these surveys and your understanding that this is a more "survey-heavy" year than usual because of the ADFM Financial Survey and CERA's chair survey.

With this in mind, to summarize, we want to assure you on several issues of potential concern to each of you:

1. Each item on every survey has been or will be carefully vetted with the intention of including only essential items
2. Each survey has been designed to minimize the time required for each of us as chairs (and for administrators, in the case of the Financial Survey).
3. These surveys (CERA Chairs & CERA Annual, ADFM, Annual & Financial) have distinct purposes and content that have little or no overlap or duplication.
4. We expect to have two surveys (CERA & our Annual Survey) in 2015.

UHC Interactions: one story from USC

Chris Feifer, PhD, Vice Chair, USC DFM and

Member, ADFM Healthcare Delivery Transformation Committee

On behalf of the Department of Family Medicine at USC, I want to thank ADFM for support related to a presentation by Tom Robertson of UHC at our school. After the ADFM February meeting, our faculty reviewed the “Through the Looking Glass” video and the letter written in response by Dr. Paul James and others during a department meeting. Within days we received notice that Tom Robertson was scheduled to speak at our school the following month. We decided to meet the week before to organize thoughtful questions and commentary using materials posted by ADFM’s Healthcare Transformation Committee and by taking another look at the Looking Glass video. Interestingly, we thought the latter had been edited, removing a

section that had mapped out the ideal healthcare system and left out primary care as we know it.

Family Medicine was well represented at Mr. Robertson’s session which started out with a long disclaimer about the importance of primary care, the need for primary care medical homes for all patients to do things like prevention and early diagnosis and disease quarterbacking with specialists. He also recognized that patients move between the different population tiers he had mapped out. Mr. Robertson made every one of the points we had prepared, as well as the ones we had read in ADFM’s letter to UHC, both during his long disclaimer and then at points during the talk. At the end, he

acknowledged that primary care medical homes linked with specialists in a meaningful way are needed and made the point that in many places, the silos that academic specialties operate in, are not able to achieve these meaningful interactions.

Mr. Robertson’s presentation was clearly organized to address the concerns ADFM had presented to UHC. And as a result of this whole episode, I believe our faculty felt informed and involved and recognized.

TELL YOUR STORY! The Healthcare Delivery Transformation Committee is interested in hearing other stories about the “UHC experience” at your campus!

Residency Curriculum Resource

Update from Mike Tuggy, MD, AFMRD Past President

The Residency Curriculum Resource, the collaborative project between AFMRD and STFM to build a national curriculum for family medicine training programs, is progressing well. The goal is to build over 300 core topic presentations for shared use around the country on the core topics of family medicine education. This resource will allow faculty to bypass the arduous task of creating lectures from scratch but instead download, use, and/or modify a peer reviewed presentation to teach from. The quality of the submis-

sions has been outstanding and we have over 100 of the most commonly taught topics (most of the core topics of acute care medicine, OB, chronic disease, mental health and outpatient clinic) either done or in the final stages of development.

This is an ideal faculty academic project. The work of developing a high quality teaching session that is case based, interactive and engaging, is core to what we do as family medicine educators. The peer review process is a learning pro-

cess for the authors as our editorial team is providing rigorous reviews to ensure the content is high quality. In 2015 we hope to release the first stage of completed curriculum to programs for a low subscription fee for all in a program to use. To have quality teaching tools at our finger tips will significantly improve the value of our training in our programs significantly. Please encourage your faculty to look for an unassigned topic to take on to help us complete the entire curriculum in the next year at: www.fammedrccr.org

Primary Care Communication Toolkit on ADFM website

The ADFM Healthcare Delivery Transformation Committee has put together a list of annotated resources for communicating within your institutions about PCMH evidence, Primary/Specialty Care and Population Health. This list of resources was originally compiled to help ADFM member departments create a direct response to the UHC ‘Through the Looking Glass’ video in member institutions as needed, but the toolkit contains a number of other valuable resources around PCMH evidence and the “business side” of healthcare reform as well.

Check it out (behind the members’ only section) at: <https://adfammed.org/Members/Primary-CareCommunicationToolkit>

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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**Have you seen the commentary from the ADFM leadership in the May/June edition of the *Annals of Family Medicine*, “What Does Team Leadership Mean in the PCMH?”**

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

### **AAMC Meeting Dates**

*The AAMC Annual Meeting is being held November 7-11, 2015 in Chicago, IL.*

*ADFM will be holding committee meetings and a new chairs/fellows workshop on November 7th and an all-member Town Hall on November 8th.*

*A link for the AAMC meeting registration should be available on the AAMC website in July. We will be sending information over the Chairs' list-serve about AAMC registration as soon as it is available.*

### **Journal/Author Name Estimator**

Have you recently written a paper, but you're not sure to which journal you should submit it? Or maybe you want to find relevant articles to cite in your paper? Or are you an editor, and do you need to find reviewers for a particular paper? Just enter the title and/or abstract of the paper in the box, and click on 'Find journals', 'Find authors' or 'Find Articles'. Jane will then compare your document to millions of documents in Medline to find the best matching journals, authors or articles.

Available at <http://www.biosemantics.org/jane/index.php>

### **BEME: Best Evidence in Medical Education articles**

The BEME Collaboration is an international group of individuals, universities, and other professional organizations committed to the development of evidence-informed education in the medical and health professions. BEME produces systematic reviews which present and make accessible the best evidence available around medical education. BEME also strives to create a culture of best evidence education as well as to support adoption of evidence-informed teaching practices. These systematic reviews and more information are available at: <http://www.bemecollaboration.org>

### **National Center for Interprofessional Practice and Education**

Housed at the University of Minnesota, this HRSA-designated center is tasked with providing leadership, scholarship, evidence, coordination and national visibility to advance interprofessional education and practice as a viable and efficient health care delivery model. The Center offers a resource exchange that includes everything from informatics courses to measurement instruments for “team-ness”, as well as a large number of publications around interprofessional practice. Check it out at: <https://nexusipe.org/home>

### **5 competencies of the 21st-century physician**

Catherine Lucy, MD, vice dean for education at UCSF, shared her perspective on what the most important qualities of future physicians will be, and how medical education needs to teach to these qualities, at a recent consortium meeting of the AMA's Accelerating Change in Medical Education initiative. She categorized the most important qualities into 5 areas: inquiry and improvement; interdependency; information management; interest and insight; involvement. The full article about this presentation can be found [here](#).

### **Microblogging for real-time feedback and conversation**

Websites like TodaysMeet (<https://todaysmeet.com/>) and other similar tools allow real-time virtual communication to be incorporated into meetings, lectures and presentations. One way that these tools are being used are as a way to engage more students in case-based learning, for example, if there are two students acting out a case example, with one playing the role of a doctor and the other a patient, other students can comment on the case using microblogging or other texting programs. These comments are then projected into the classroom to allow an ongoing dialogue while the case example plays out.

### **Admissions Interview “Speed Dating”**

Medical student candidates each spend 8 minutes at 7 different stations with different scenarios to discuss (e.g. you see a homeless person stealing in the line at the cafeteria or how do you maintain confidentiality in a small town). This gives a way to get impressions from 7 other people about students' poise, understanding, interaction, commu-



## Educational Innovations, cont'd.

nication, etc. The idea is to help steer admissions toward those with these skills and an interest in primary care.

### Interactive Digital Posters

The interactive digital poster is a way to present a number of posters at one time in a “fun” format; the viewer can choose among from among the posters on a large screen with touch technology and the presenter is there to answer questions about any of the different posters the viewer may choose to look at. Research is being done on whether people learn more from looking at posters in this new format.

### Mask as Metaphor exercise

This exercise has built on a project being used for wounded veterans, who use art therapy as healing in the context of PTSD. The exercise, used at Uniformed Services University, asks third year students to create a mask as a metaphor as a way to tell a first person narrative.

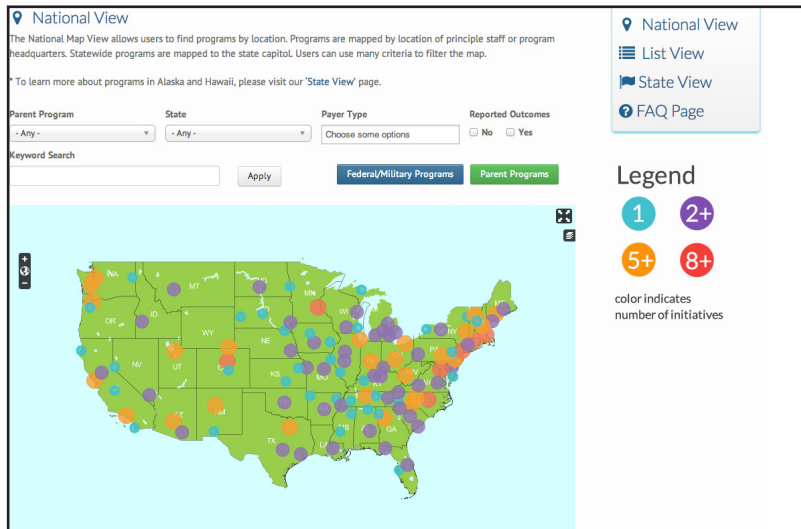
## PCPCC Launches Primary Care Innovations and PCMH Map

The PCPCC has recently launched a “Primary Care Innovations and Patient-Centered Medical Home (PCMH) Map” which displays information on medical home initiatives across multiple programs, payers, and health plans and allows

users to identify locations of medical homes as well

(i.e. cost savings, improved satisfaction, utilization,

etc.). The tool - which can be viewed as a national map, as a map by state, or in a list format - is designed to be useful to state and federal policymakers, researchers and educators, health professionals and other stakeholders.



as types of outcomes that have been publicly reported

Check it out at: <http://www.pcpcc.org/initiatives>

### **PCPCC Direct Membership for Departments**

As experts in training the medical home workforce of the future, from across disciplines, health professions and skill levels, academic institutions are critical to spreading core principles of the medical home philosophy. Throughout the U.S., innovative training programs are emphasizing team-based care, health IT, population health management, care coordination, and care management.

As part of PCPCC’s effort to strengthen the medical home movement, the PCPCC has introduced new membership levels to our [Executive Committee](#). The committee is a dedicated group of leaders and visionaries that benefit from exclusive learning, leadership, and networking opportunities. Membership begins at \$5,000 for qualifying academic departments and nonprofits.

More information is available here: <http://www.pcpcc.org/executive-committee/membership-levels>

**From the ADFM Research Development Committee:  
 Tell your Research Directors:**

NAPCRG is now offering a binational listserv for use by US and Canadian research directors. Please encourage your Research Director to join and ask questions, send resources or start a question!

To join the listserv, log in to the Resource Library at [www.fmdrl.org](http://www.fmdrl.org) using your NAPCRG Username and Password and edit your “My Groups” section to be sure it includes “NAPCRG Research Directors” Current listserv members can post to the list by emailing [forum-517@mail.fmdrl.org](mailto:forum-517@mail.fmdrl.org).

**Pearls from workshop at STFM Annual Conference:  
What New/aspiring Chairs of Departments of Family Medicine Need to  
Know About Today's Challenges**

*Ideas for future newsletters? Contact Amanda Harris at akharris@uw.edu*

**OPEN CHAIR POSITIONS\***

*with an active search underway*

- Brody School of Medicine at East Carolina University
- Cleveland Clinic
- Emory University
- Jefferson Medical College
- Louisiana State University HSC SOM
- Northeastern Ohio Medical University
- Southern Illinois University
- SUNY-Buffalo
- University of Pennsylvania

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

The ADFM Leadership Development Committee - with Ardis Davis, MSW, Bill Wadland, MD, and Steve Zweig, MD as lead presenters - hosted a workshop at the recent STFM Annual Spring Conference entitled "What New/aspiring Chairs of Departments of Family Medicine Need to Know About Today's Challenges." The workshop had 24 new or aspiring chairs and was focused on enabling them to gain theoretical and practical knowledge concerning the status of their Departments within complex environments.

Below are some of the "pearls" that came out of this workshop:

- It is important to make an "Organizational Diagnosis"- beginning with the job interview, which is a time you can feel free to ask ANY question
- It may take a long time to uncover all "hidden" pots of funds
- Foreign affairs – have to learn how the Department is situated in the institution
- Differences depending on whether coming from inside or from outside institution and differences for Interim

**Chair**

- Takes a long time (3 years minimum) to find what is "under the rug"
- Sit back and watch for a period (i.e. six months)
- Engage faculty in being accountable and entrepreneurial
- High performers want accountability and will blossom and excel with change
- Can expect some attrition when you make changes – some people leave on their own and others have to be forced to leave
- Modulate the rate and pace of change and get your faculty to help you decide on the right pace
- 3 helpful elements to consider when making decisions:
  - Get the facts – make sure you have all of the relevant and accurate data
  - Get help (from within the faculty or outside)
  - Make the decision based on some principle
- Administrators are valuable – if you do not have one, be sure to try to find a good one

- Know the position: Know your bylaws and the bylaws of the university; Know the annual review system and understand the promotion and tenure systems
- The Chair's job is NOT ABOUT YOU – it is about your faculty. Your success is about other's success; there is much JOY in the pride that comes from caring about your faculty (some chairs say "loving" your faculty) and getting them into places where they can be successful
- Allies and Confidantes: Allies may depend on the circumstance; a confidante should be more enduring.
- Can "hire" another FM chair from another institution as a coach – can ask for this when you are hired. Ask the Dean to allow you to hire two people who do not report to you (one family medicine chair from another institution and one executive coach).
- Having a grievance brought against you can work to your advantage if you handle it well

## ADFM 2015 Winter Meeting

The 2015 ADFM Winter Meeting planning committee is already hard at work creating an interesting and informative meeting agenda. The meeting theme will be around “broadening our perspective” and the committee is planning for a number of ways to make the

meeting more interactive - including engaging par-

in advance then providing time for in-depth discussions of the data, using real-time polling and evaluations, and making it a “Healthy Meeting.”

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

participants in a mini-research study, sharing ADFM survey results with participants

Stay tuned for more updates to come!

### ***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 Harris (akharris@uw.edu) know!

### **WELCOME TO NEW CHAIR MEMBERS\***

*Since the last newsletter*

- Susan Anderson (*University of South Dakota*)
- Henry Barry (*Michigan State*)
- Sang-ick Chan (*Stanford University*)
- Millard Collins and Mohammad Sidani (*Meharry Medical College*)
- Tsveti Markova (*Wayne State University*)
- Howard Selinger (*Quinnipiac University*)
- Roger Woodruff (*Loma Linda University*)

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

## **Executive Development Seminar for Associate Deans and Department Chairs**

*September 19–23, 2014*  
*Tempe Mission Palms Hotel and Conference Center*  
*Tempe, Ariz.*

Applications are now being accepted for the AAMC’s Executive Development Seminar for Associate Deans and Department Chairs. This five-day seminar is specifically designed to ensure professionals fulfilling these key roles within academic medicine are equipped with the essential leadership and management skills they need to support their institutions’ mission and goals.

Through highly-interactive sessions taught by expert faculty, participants explore leadership and management topics, theories, and techniques that they can apply directly to their roles and responsibilities in medical schools and teaching hospitals. From legal issues in higher education and communications in the clinical environment, to implementing organizationThroughout the seminar, participants will work and learn with peers from similar organizations, creating a valuable network of support that will continue beyond the seminar.

CME credit is available for eligible participants.

The online application period is May 29 through July 23. For more information, a preliminary agenda, and to apply, please visit the website:

<http://www.cvent.com/events/2014-executive-development-seminar-for-associate-deans-and-department-chairs/event-summary-e89bb71704874ff0935c9b8cfb93bbd2.aspx?p=10>