

ADFM Newsletter

• • Summer 2017 • • Volume 6 (2) • •

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 (aweidner@adfm.org)!
Happy reading!

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

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Happy summer, ADFM!

We hope you are all enjoying the sunshine and fresh faces of your new medical school and residency program graduates!

Your 2018 Winter Meeting Planning Committee is hard at work putting together the agenda for our 2018 Winter Meeting, which will be a special celebration of ADFM's 40th Birthday! (*ADFM was incorporated on April 6, 1978; see page 2 of this newsletter for an early reference to formation of the organization!*)

Keep your eyes out for a message from ADFM President Val Gilchrist and Program Chair Chelley Alexander with some information on what the program will have to offer -- coming soon!

GGP: Call for Applications

The Grant Generating Project (GGP) is a year long fellowship without walls. Since it's inception in 1995, the GGP has trained close to 200 fellows yielding more than \$1 billion in grants. Part I of the GGP application is due on June 26.

It is a nonbinding letter of intent--[apply today!](#)

Want more information? The GGP will be hosting an informational webinar prior to the June 26 deadline (date TBD).

GGP

APPLY TODAY

A recent legal ruling regarding medical residents and use of a Title IX pathway to address discrimination and harassment may impact the policies and procedures, and training of faculty, supervisors, program directors and residents to ensure that they understand the law and their responsibilities under the law.

Learn more at:

https://www.bakerdonelson.com/medical-residents-and-title-ix-what-teaching-hospitals-need-to-know?utm_source=vuture&utm_medium=email&utm_campaign=20170518%20-%20newsletter%20-%20health%20law%20alert

Ideas for future newsletters?

Contact Amanda Weidner at: aweidner@adfm.org

ADFM's Joy in Practice Initiative

ADFM has continued its effort to share best practices around ways to improve practice workflow, uptake of systems-level changes, personal resilience, etc to help ourselves and our teams find our way back to joy in practice.

All Department Chairs, Administrators, faculty and

departmental-related entities are welcome to participate.

If you haven't yet joined the listserve for this group, you can do so here: <https://mailman1.u.washington.edu/mailman/listinfo/joyin-practice>

So far, we have held 6 very

successful webinars featuring a variety of models and projects; more are planned for the months ahead (see the save-the-date below!). If you missed these webinars, you can access the resources and the recording of the webinars here: <http://www.adfm.org/Members/Webinarsresources>

EARLY REFERENCE TO ADFM

Angela Curran, MHAMS, CA, a Center for the History of Family Medicine Specialist ran across this reference in the January 1977 AAFP Reporter to the proposed "Association of Department Chairmen of Family Medicine" which had been voted on at STFM's 1976 Fall Academic session.

New Department Chairmen Group To Be Developed

Chairmen of departments of family medicine agreed to pursue development of a new organization in a meeting held at the time of the STFM meeting in San Francisco. The session, held the night of November 11, resulted in a 32-7 vote to begin setting up a long-discussed separate group of program chairmen.

The meeting, chaired by Dr. Paul Young, head of the Family Medicine Department at the University of Nebraska Medical School, primarily considered the philosophical question of whether such an organization would be a threat to STFM or other family practice organizations. It was pointed out that similar meetings had been held the last four years and that nothing concrete had developed.

A document described as a set of "articles of incorporation" was circulated. It was noted that the document, signed by seven persons, would form the basis of a set of bylaws, if agreed to by the group.

After lengthy discussion, the vote was taken to proceed. Dr. Young said that a set of proposed bylaws and a slate of proposed officers from the seven original signatories would be submitted at the spring meeting of STFM in Atlanta.

The group decided by a narrow margin to call the new organization the Association of Department Chairmen of Family Medicine. It also directed Dr. Young to communicate with the STFM and AAFP leaderships and assure them that the purpose of the new group was to facilitate administrative information exchange and that it in no way posed a threat to either organization.

B R C

Building Research Capacity

Building Research Capacity (BRC) is a joint initiative between ADFM and NAPCRG in cooperation with STFM. All family medicine departments and residency programs seek to build or sustain their research and scholarship capacity. That's where BRC comes in.

[Click here to learn more about BRC.](#)

Some thoughts from “Advancing the Science of Transformation in Integrated Primary Care: Informing Options for Scaling-up Innovation”

Selected comments from a report prepared by Tony Kuzel, MD, MSPE

In early March, Tony Kuzel attended a conference on “Advancing the Science of Transformation in Integrated Primary Care: Informing Options for Scaling-up Innovation” sponsored by US and Canadian funding agencies.

The objectives for the symposium included:

1. Share cross-border, evidence-based success stories addressing key challenges in integrated primary care transformation
2. Identify and examine opportunities to advance broader system-wide primary care innovation
3. Develop a bi-national research agenda to support primary health transformation
4. Support opportunities for cross-border learning and collaboration

Tony kindly provided the ADFM Executive Committee with some of his notes and impressions. Below are a selection of these.

Primary care is not a one-size-fits all service, but must be adaptable to local conditions and individual preferences.

Pockets of excellence in both countries are not widely replicated. Canadians labeled themselves as suffering from “pilotitis.” A Canadian investigator as-

essed the state of affairs as follows: “So much innovation, so little change.”

It was amazing to me how poorly primary care was performing in both countries. David Price, a Canadian FM Chair, said he has a bad dream of what the tagline was going to be in the Washington Post: “The two worst performing countries in the Western Hemisphere get together to compare best practices.”

Data from the OECD survey was shared. Both the US and Canada have higher rates of poverty than the OECD average, but US seniors are 3 times more likely to be poor than Canadian seniors. 80% of our two countries’ population live in urban settings. (Survey was from the Commonwealth Fund)

Primary care may not be able, in isolation, to reduce overall costs of care.

In addition to improving the care experience, a well-resourced care team should focus on simplifying care – resource utilization should not be the only thing we measure.

Planning care according to the goals of patients – they often don’t match clinician goals nor family member goals; some early work being done to include patient

goals in a prominent place in the medical record.

There is an organization focused on reducing disparities and promoting health equity: solvingdisparities.org.

The conference closed with brainstorming about important research questions, including:

- What resources do practices need to act on knowledge of social determinants of health (SDH)? How are those resources best deployed in order to have greatest impact on population health?
- What principles and practices do PCPs need to know and to use to best care for patients with complex needs?
- How do we integrate primary care and public health around population health care?
- How can we create a comprehensiveness measure – this may be key to cost containment?
- Looking outside of just the US and Canada, what is the context of primary care in multiple countries, particularly in those that are outperforming us?
- What is the added cost of care (and return on investment) in dealing with SDH?



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@AssnDeptsFamMed



Have you seen the commentary in the May/June edition of the *Annals of Family Medicine*, “Finding and Maintaining the Joy in What We Do: The 2017 Annual ADFM Winter Meeting”?

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

Meet our newest ORR Rep: Margaret “Maggie” Chen, MD, MPP

Members –
We are working to increase membership in ADFM. This year’s Administrators’ Membership Chair, Allison Arendale, will be reaching out to departments whose Administrator is not engaged with ADFM.

Please encourage your folks to get involved. Allison can be reached at aarendale@ua.edu or 205-348-5203.

ADFM is pleased to welcome Maggie Chen, class of 2019 at the University of California - San Francisco Zuckerberg San Francisco General Hospital residency program, as our newest ORR representative!

Below are some of Maggie’s relevant experiences and achievements, as described by her Chair, Kevin Grumbach, in his letter of nomination:

“In addition to distinguishing herself as an outstanding clinician and colleague, Dr. Chen has consistently demonstrated a commitment to advancing primary care and medical education and has extensive experience in health policy.

Prior to entering medical school, Dr. Chen was selected to work at the White House Council on Women and Girls. After completing

her White House Fellowship, she was asked to stay on at the White House and serve as a liaison to health advocacy groups. In that role, she met with health professional organizations, gathered their feedback, and conveyed their thoughts to the President’s advisors, including Valerie Jarret. Dr. Chen credits that experience with teaching her about the breadth and complexity of health systems, and honing her listening and collaboration skills.

In medical school, Dr. Chen founded a chapter of Primary Care Progress, conducted research on health disparities, and served as a leader in multiple policy and primary care advocacy groups. In addition to being selected as a Pisacano Scholar, she was voted by her classmates to be “Most Likely to Improve Health-

care”

Since starting her residency at UCSF, Dr. Chen has demonstrated extraordinary leadership potential. She has become a thought leader in the residency program, naturally stepping into the role of gathering her classmates’ thoughts and perspectives, and presenting them to residency leadership. She is particularly skilled at finding creative solutions to complex problems and at inspiring others to collaborate to overcome obstacles. She was selected by our residency faculty to receive the annual Julius Krevans award for most outstanding intern.”

More info about our other two ORR representatives, Catherine Coe, MD, MPH, and Cleveland Piggott, MD, MPH, can be found in our Summer 2016 newsletter!

NOTABLES & MILESTONES

(send Amanda Weidner your “notables & milestones” at aweidner@adfm.org)

The National Board of Medical Examiners (NBME) announced several new executive board members and officers, including ADFM’s own Alfred Tallia, MD, MPH, who has been elected treasurer of the NBME.

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The Department of Family Medicine at OHSU has created an endowed professorship in the name of John Saultz, the former chair at OHSU (for 17 years!). Congratulations to Jen DeVoe on her recent appointment to this new endowed professorship, the John and Sherrie Saultz Endowed Professorship in Family Medicine!

You can read more in the announcement from OHSU, here: <http://www.ohsu.edu/xd/education/schools/school-of-medicine/news-and-events/saultzprofessorship-may2017.cfm>

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Grant Greenberg, MD, MHSA, MA, has formally been given an endowed chairmanship, the “Leonard Parker Pool Endowed Chair of Family Medicine, Lehigh Valley Health Network.” This generous endowment (2 million dollars) gives great opportunities for developing the Department, with the intent of furthering the development of the physicians, leadership skills, and health of the community.

- Grant Greenberg, MD, Chair, Department of Family Medicine, Lehigh Valley Health Network

A few resources worth a look...

NEJM catalyst

Practical innovations in health care delivery: health care delivery is undergoing a major transformation around quality, cost, and access. NEJM Catalyst brings health care executives, clinician leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery.

<http://catalyst.nejm.org/>

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***Implementation of Oregon's Patient Centered Primary Care Home Program:***

***Exemplary Practice and Program Findings***

The findings from an evaluation of the PCPCH program, indicating that it has been very successful in meeting the goals of cost-effective, system-wide transformation embodied in the Triple Aim.

<http://www.oregon.gov/oha/pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>

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New Practical Playbook resource: Using Data to Impact Community Health and Drive Action

The use of data is central to population health improvement. This resource identifies problems most likely to occur in partnerships between public health and primary care, and offers practical, actionable strategies to share data across sectors.

<https://www.practicalplaybook.org/resources/using-data-impact-community-health-and-drive-action>

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***Academic Consulting for Clinicians, Anne Walling MB, ChB***

*Academic Consulting for Clinicians* provides individualized consulting for clinical faculty members in career development and academic writing. This unique service complements resources available in the department or institution by providing individualized coaching by a professor emerita with over 30 years' experience as an academic clinician at a large state medical school. For most of her career, Dr. Walling served as associate dean for professional development and faculty affairs, including responsibility for the academic promotion and tenure process. She has extensive expertise in the theory and practical realities of academic promotion and has assisted hundreds of applicants prepare successful applications for promotion. Her book "*Academic Promotion for Clinicians*" is due to be published by Springer next year.

Areas of special emphasis include: professional development/career planning; curriculum vitae (CV) development; application for academic appointments; preparation for academic promotion; manuscript preparation; editing, review and submission for publication; preparation of posters, presentations and submissions for academic conferences; grant and project development and proposal preparation; and grant or proposal editing and review.

For more information about services and fees, contact [ACCawalling@gmail.com](mailto:ACCawalling@gmail.com) (website in development).

***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.*

*If you would like to be connected to someone for immediate questions related to taking a chair position or to being interim chair, please contact Amanda Weidner ([aweidner@adfm.org](mailto:aweidner@adfm.org))*

## WELCOME TO NEW MEMBERS

### CHAIRS

- Bruce Binder (*Wright State*)
- Daniel Fick (*University of Iowa*)
- Christine Jacobs (*Saint Louis University*)
- Kola Okuyemi (*University of Utah*)
- Clyde Satterly (*SUNY Upstate*)
- Saria Sococio (*Greenville Health System/ USC Greenville*)
- Dat Trinh (*Western U/College of Osteopathic Medicine of the Pacific*)

### ADMINISTRATORS

- Thomas Schuelke (*Oakland University/ Beaumont*)
- Gretchen Sloane (*Brown University*)
- Brett Wakefield (*Tulane University*)
- Dina Wright (*University of Texas HSC San Antonio*)

*\*Participated in ADFM Fellowship Program; \*\*NOT new but new to this institution*

*New members since our last issue in February 2017. If this information is incorrect or you have additional information, please let Amanda Weidner know ([aweidner@adfm.org](mailto:aweidner@adfm.org)).*

## Want an Advisor or Want to Become an Advisor?

ADFM offers all new chairs and administrators who join the opportunity to be paired with a peer with more experience.

Chairs should contact  
Amanda Weidner,  
[aweidner@adfm.org](mailto:aweidner@adfm.org)

Administrators can  
learn more here:  
[http://www.adfm.org/  
Members/AdministratorArea/Mentorship-  
Program](http://www.adfm.org/Members/AdministratorArea/Mentorship-Program)

## OPEN CHAIR POSITIONS

- Cooper Medical School of Rowan University
- East Tennessee State University
- Henry Ford Health System
- Meharry University
- New York Medical College
- Temple University
- University of Alabama
- University of California - Davis
- University of California - Irvine
- University of Kansas - Kansas City
- University of North Carolina
- University of Oklahoma - Tulsa
- University of Texas Health Science Center at Tyler

*\* We only know what we hear about, so if this information is incorrect or you have additional information, please let Amanda Weidner know ([aweidner@adfm.org](mailto:aweidner@adfm.org))!*

## AAFP Seeks Editor-in-Chief for American Family Physician

After nearly 30 years of dedicated service as Editor of American Family Physician, Jay Siwek, MD, announced that he will step down, effective January 31, 2018. The American Academy of Family Physicians seeks to continue its strong tradition of publishing this highly respected, professional CME journal by launching a national search for the next Editor-in-Chief (EIC) of AFP.

An experienced and visionary leader, the EIC has overall responsibility for the scientific and clinical content of the journal, including the development of the journal curriculum; solicitation of authors and articles; acceptance or rejection of manuscripts; recruitment of reviewers; clinical editing; correspondence with authors and reviewers; development of regular columns and departments; and development of blogs, podcasts, videos, and other journal brand extensions.

With assistance from a team of assistant and associate editors, the EIC is ultimately responsible for the relevance, accuracy, and depth of information presented in the journal or as an extension of the journal brand, and for maintaining an extensive backlog of articles to permit the production of balanced issues.

The EIC, a board-certified family physician and member of the American Academy of Family Physicians, will most likely hold an academic appointment at a medical school or residency and also have direct patient care responsibilities. For more information, and to obtain a copy of the EIC's complete job description, please contact Stephanie Hanaway, Director of Journal Media, at [shanaway@aafp.org](mailto:shanaway@aafp.org).