CFAS Report to Board and Membership
February 2019
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I am very pleased to be beginning my third year of a 3-year term representing you as the ADFM representative to CFAS. CFAS terms are for 3 years and renewable. The ADFM Board has approved moving from two to one CFAS representative which we are confident will continue to represent us well in CFAS with my planned attendance at both the Fall and Spring CFAS meetings and active participation in the AAMC on a number of levels.

ADFM's current strategic directions workplan for 2018-19 has a number of common areas of overlap with CFAS – in particular our current emphasis on Diversity, Inclusion and Health Equity.

The Spring 2019 CFAS meeting in April in Atlanta will feature "ignite" talks and plenary sessions on themes related to sexual harassment and medical education.
Through the AAMC and our membership in CFAS, we are considering Board approval to join the *Societies Consortium on Sexual Harassment in STEMM* as an inaugural member. We will report more on this at our February 16th Business meeting.

Lastly, I am pleased to report that CFAS asked if they could profile ADFM in their newsletter. As of the date of this report, this profile has not been published yet but we anticipate publication soon. Below is the final version of the profile report we submitted for this report.

Looking forward to seeing many of you in Houston, TX.

Society Profile: Association of Departments of Family Medicine (ADFM)

The Association of Departments of Family Medicine (ADFM) represents departments of family medicine at medical schools through department chairs. A senior administrator in the department can also represent the department alongside the chair. ADFM specifically represents academic departments who are involved in the three traditional missions of patient care, research, and education. Currently, ADFM represents 151 departments. Individuals can join ADFM as associate members as long as those individuals are not in a direct supervisory position over the chair of an ADFM-member department.
ADFM has an annual winter meeting, which will take place in February of this year in Houston, Texas. Preconference work at the annual meeting includes leadership training for chairs, administrators and senior leaders in departments. ADFM also facilitates discussion, development, and learning through its listservs and quarterly webinars. Its goal is to develop family medicine chairs and build a pipeline by bringing senior department leaders to its meetings. It has a new fellowship titled, "Leadership Education for Academic Development and Success," which is geared toward people who are interested in becoming chairs or other senior leaders in academic positions.

In terms of advocacy, ADFM has a Strategic Directions Work Plan and works closely with other family medicine organizations through the Academic Family Medicine Advocacy Committee

(AFMAC) and works with other academic family medicine organizations (Society of Teachers of Family Medicine, North American Primary Care Research Group and the Association of Family Medicine Residency Directors) as part of the Council of Academic Family Medicine (CAFM). CFAS and ADFM, including AFMAC and CAFM, have many common advocacy interest area, including federal GME funding, workforce expansion, impacts or effects of medical school expansion on FM GME and workforce, Title VII funding, and federal funding for family medicine research. ADFM is also very interested in the underrepresentation of certain groups in medicine and it collaborates with the CAFM on leadership development with a specific focus on women and underrepresented minorities in academic medicine.

More recently, ADFM is moving into diversity and inclusion and health equity issues with a focus on how department leaders can advance those issues in their departments and then their institutions.

"The issue of how academic departments of family medicine are diversifying their leadership is very important because family medicine serves many safety net populations. Studies show that having diverse doctors is crucial to advancing the health of disadvantaged populations. Specifically, we need to bolster the number of women and minorities in department leadership. To that end, through a new ADFM Diversity, Inclusion and Heath Equity Taskforce, we're evaluating how to circulate best practices on increasing diversity within our departments," said Ardis Davis, executive director of ADFM. Davis also suggested that CFAS could connect ADFM to the AAMC's Group on Diversity and Inclusion (GDI) so ADFM could circulate diversity best practices within its departments. ADFM values the linkages between CFAS and the AAMC's Group on Diversity and Inclusion and encourages department chairs to reach out to their schools GDI representatives to contribute to ADFM's diversity goals.

In addition to connecting ADFM to resources on diversity, CFAS provides a place where ADFM can plug into the broader medical education space, which is especially important today because medical education is becoming more interconnected and new medical schools don't have the siloed departments of old. "When faculty members go to conferences, they tend to meet people who do what they do, but CFAS meetings offer opportunities to collaborate and talk to people in different roles and in different specialties," said Jeannette South-Paul, MD, the CFAS rep for ADFM and the Andrew W. Mathieson UPMC Professor and Chair of the Department of Family Medicine at University of Pittsburgh School of Medicine (UPMC). To stay in lockstep with the new reality, ADFM has evolved its definition of family medicine to be inclusive of aligned entities that don't necessarily have family medicine in their names.

Another national issue facing family medicine departments is the rapidly growing number of clinical networks around academic health centers, which is a complex issue because a large number of clinical faculty in academic departments of family medicine are also employed by the surrounding networks, so the departments have to figure out what exactly their relationships are with those physicians. Family medicine departments also must ask themselves how they are acting as bridges to unite academic primary care in their geographic regions. Other issues facing academic family medicine physicians include high levels of administrative burden, which can lead to burnout, and the fact that salaries are higher outside of academic environments.

"Family medicine is a relatively new discipline to join academic medicine, so membership in CFAS is valuable to ADFM because CFAS can provide background and context for how we can navigate being a newer discipline in medical schools. Family medicine faculty members don't just need peers, we need allies and you don't find allies unless you get involved in a membership organization like the AAMC," said Dr. South-Paul.

Dr. South-Paul described the unique contribution of family medicine to population health, noting that improving the health of populations requires expanding the primary care workforce and the largest discipline with people going into primary care is family medicine. The health of a population

is tied to the number of clinicians that can provide generalist, first contact, and compassionate care. That's why ADFM's membership in CFAS is so important because it's an anchor for ADFM in the AAMC, and being involved with the AAMC helps societies navigate and understand the reimbursement and financial issues that affect academic health centers, such as state and federal budget cuts.

ADFM has leveraged its membership in the AAMC to work with Scott Shipman, MD, director of clinical innovations at the AAMC, on issues that deal with the specialist-primary care interface. ADFM has also been a partner in the AAMC's Project CORE: Coordinating Optimal Referral Experiences. Opportunities for specialist-primary care collaboration as a result of membership in CFAS has even reached down to the individual level: Dr. South-Paul recently collaborated with ophthalmologist Evan "Jake" Waxman, MD, PhD, a fellow CFAS rep at UPMC and the CFAS rep for the American Academy of Ophthalmology, to do retinal screenings for diabetic eye disease in her primary care settings. Dr. Waxman worked with UPMC's health centers to secure industry collaboration that helped set up the doctors' office screenings.

"In academic medicine, faculty are still evaluated based on what they do as individuals, but advancing population health is not a soloist enterprise. My goal is to find the right specialist for my patient and my role in CFAS helps me understand the needs and issues of my specialist colleagues so we can form more alliances and see how we can achieve our goal of population health together," said Dr. South-Paul.