BREAKFAST DESCRIPTIONS FOR THURSDAY, FEBRUARY 14
7:00 am – 7:45 am
7:45 am – 8:30 am
(Two 45-minute sessions per one topic/table unless otherwise noted)

*[***Also available are a number of consultation/discussion tables around designated topics. Please see agenda for topics, table numbers, and instructions.]*

1. **Improving Care at the Interface of Primary Care and Specialty Care**
   Scott Shipman, MD, AAMC and Cathleen E. Morrow, MD, Geisel School of Medicine at Dartmouth

   Efforts to enhance care in the medical neighborhood are growing in many AMCs across the country. Attendees at this session will have a chance to compare notes with peers on challenges and solutions to barriers to optimized communication and coordination between family medicine and specialty colleagues in the ambulatory setting. We will also discuss elements of the Coordinating Optimal Referral Experiences (CORE) program and eConsults as a tool to facilitate PCPs efforts to manage care more comprehensively. As CMS prepares to pay for eConsults in 2019, there is an opportunity for them to spread significantly. We will discuss the critical link between eConsults and dedicated efforts to improve the culture between primary care and specialty care providers in our health systems.

2. **TCM Strategies to Decrease Readmissions**
   Michael A. Rabovsky, MD, Fairview Hospital/Cleveland Clinic

   At the Cleveland Clinic we have instituted several pilots to reduce readmissions. Based on patient's risk stratification, patients are offered a home visit by an APN or EMT or outreach by an RN care coordinator, PhamD, RN clinic nurse or medical assistant. Results have been positive to date. Discussion will center around how risk stratification directs method of outreach and results. Will also compare to results from residency program. Will seek feedback from table participants about what strategies have been successful (or not) at their institutions.

3. **Leadership Opportunities in ADFM**
   Ardis Davis, MSW, ADFM Executive Director and Valerie Gilchrist, MD, ADFM Board Chair/Immediate Past President

   A 2019 Board-approved "ADFM Process for Board Appointed and Elected Positions in ADFM" will be used to inform the discussion and input from attendees about ADFM's processes will be sought.

4. **Chair's Role in Keeping DFM's True to our Founding Principles**
   Paul James, MD, University of Washington School of Medicine

   Family medicine residents today may be distracted by the focused activities of quality improvement, health care population metrics and EMR efficiency and activities to preserve well-being. What may be lost is our focus on the patient and the founding principles of the discipline. Residents may not know Gayle Stephens, Ian McWhinney and other luminaries of the discipline. This work in progress is a collaboration between the Chair of DFM and senior FM residents to identify sentinel manuscripts that defined the founding principles of the discipline and provide informal discussions quarterly at the home of the chair. The goal is to reinvigorate a new generation of family doctors about these founding principles and identify new language to better articulate the needs of patient in this century.

5. **The "Unproductive" Provider: A Systematic Method for Evaluation and Improvement of Under-producing Physicians and Advance Practice Nurses**
   C. Kimi Suh, MD, MPH, FAAFP, Karen Tate, MPH, Aaron J. Michelfelder, MD, FAAFP, FAAMA, Loyola University Stritch School of Medicine

   Despite an attempt to move towards value-based care, provider productivity continues to be a mainstay in health care reimbursement and provider compensation. In this breakfast discussion, we will discuss a variety of ways to investigate and improve upon provider productivity numbers in those not meeting their departmental goals, including data analysis on patient panel, visit volume, coding, access and efficiency, as well evaluating system issues such as provider engagement, work environment, available market share, and clinical support staff. We will also present a case study to illustrate the multifactorial nature of provider productivity and the variety of approaches that can be used to address this issue.

6. **Mergers and Acquistions -- Surviving and Thriving in an Era of Rapid Consolidation**
   Jeffrey Borkan, MD, Brown University

   What are some of the challenges and opportunities for Departments of Family Medicine involved in institutional mergers and acquisitions and how should we ensure a "win" or a "win-win"?

7. **Artificial Intelligence is Changing Our World**
   Nipa R. Shah, MD, University of Florida College of Medicine

   - Participants will learn to understand basic terminology in artificial intelligence (AI)
   - Become aware of each used in a variety of medical applications
   - Know the challenges of AI
   - Learn about next steps to prepare for the upcoming changes due to AI

8. **Research and Implementation for Training a Rural Workforce**
   David Schmitz, MD, FAAFP, Rural Prep

   Attendees will discuss topics and provide information from two perspectives: The Collaborative for Rural Primary Care, Research, Education and Practice (Rural PREP), which aims to improve and sustain rural health through community engagement and research in rural primary care health professions education.

9. *ADFM Fellowship Project*
   The Art of Spinning Plates - Project and Time Management
   Shannon Pittman, MD, University of MIssissippi

   How do you manage your time when concurrent meetings and projects simultaneously demand attention? Dr. Shannon Pittman shares how she how she's learned to use Asana, Outlook, One Note, Visual Management and other resources to make the most of every workday.

10. *ADFM Fellowship Project*
    Creating a Vision for Meaningful Clinical Track Faculty Development Within the Department of Family Medicine at the University of Michigan
    Masahito (Mas) Jimbo, University of Michigan

    Over the past year, I have worked on the 3 following issues as the newly appointed inaugural Director of Faculty Development for our department.

1. Define faculty development and how it would impact academic family medicine faculty.

a. Meet one-on-one with the clinical track junior faculty, with a grounded theory approach, to assess their aspirations and their barriers.
b. Meet with departmental, institutional, and outside experts/leadership to better define the extent of faculty development to be applied to the clinical faculty in academic family medicine.

2. Develop a structured succession plan for the key leadership positions within the department, with an eye on balancing the 2 following issues:

a. Provide learning/training opportunities for faculty with proclivity for an leadership in identified pathways (e.g. clinician educator, clinician patient safety/quality innovator).
b. Ensure equal opportunity to apply for an open leadership position within the department and institution to all interested faculty.

3. Develop an inventory of available faculty development resources within and outside the institution.
a. Create an intranet of repository where all faculty would have an opportunity to post faculty development opportunities.
b. Work with the institution's Office of Faculty Development and Faculty Affairs to ensure the availability of a one-stop shop (access) for faculty development opportunities.
c. Ensure the currently running successful Faculty Development Institute run by two senior department faculty continues after their retirement.

Discuss the value, structure and execution of a simplified, robust strategic planning effort specific to Family Medicine Departments. Handouts with meeting series recommendations will be disseminated as well as a recommended resource to use for the development of your strategic planning process.

11. *ADFM Fellowship Project*
Developing a Departmental Mission, Vision, & Plan for Interprofessional Education (IPE)
Colleen Fogarty, MD, MSc, University of Rochester

This presentation will discuss the findings from individual interviews and focus groups or small meetings, related to the experiences, challenges, and successes of integrating a Family Nurse Practitioner residency program into a long-standing Family Medicine residency program. The presenter will also share strategies for an orientation workshop that focused on interprofessional education, including plans for improving this for future trainees.

12. Outcome Research in Integrated Health Systems
Bernard Ewigman, MD, MSPH, FAAFP, Chair, BRC Steering Committee and CJ Peek, PhD, co-Chair of the BRC Consultation Workgroup

13. *ADFM Fellowship Project*
Bridging Communications Across a New Academic Organization
Gemma Kim, MD, University of California Riverside

Addressing some of the barriers in communication in a geographically expanding and rapidly growing academic organization and how they worked to bridge communication among faculty within their department.

At this breakfast topic table, we will discuss department chair transitions and whether there are some best practices for ensuring that they go smoothly.

14. **ABFM Town Hall Meeting *(in the Bexar/Travis/Nueces Room)***
Warren Newton, MD, MPH, ABFM President & Chief Executive Officer

1. ABFM Update (5 minutes)
2. Opportunities for Working Together in 2019 (45 minutes)
    - A Specialty Wide Journal Club
    - Can Departments and their faculty help with Knowledge Self-Assessments?
    - Aligning with Clinically Integrated Systems
3. Strategic Issues (20 minutes): The Future of Annals; Planning for Residency Expansion; The Future of QI; Whither Professionalism?; How Should Working Party Evolve?

BREAKFAST DESCRIPTIONS FOR SATURDAY, FEBRUARY 16
7:00 am – 7:45 am
7:45 am – 8:30 am
(Two 45-minute sessions per one topic/table unless otherwise noted)

*[***Also available are a number of consultation/discussion tables around designated topics. Please see agenda for topics, table numbers, and instructions.]*

1. **"The GME Initiative" and GME Funding Opportunities in States**
Ardis Davis, MSW, ADFM Executive Director

The GME Initiative (GMEI) (http://www.gmeinitiative.org) is a grassroots, volunteer group of roughly 150 members representing approximately 35 states and is comprised of health care learners, educators, advocates, and leaders who are passionate about reforming GME through payment reform, partnerships, state initiatives, legislation, advocacy, and education at the state, regional, and national level.

In general, states which do support GME do it through Medicaid, through state general funds, taxes, special fees or some combination of these. A key strategy for any GME activity is to engage stakeholders and legislators to educate them about what GME is and how targeted GME efforts support state workforce needs over time. A number of states are engaged in specific efforts targeting rural areas and often involve a coalition of multiple stakeholders (state AFP, state medical association, state hospital association, medical school and others). Barriers and challenges we are learning about include too many disparate stakeholders, administrative burdens related to oversight of funds, continual need to educate and reeducate legislators about what GME is and how long it takes to produce a physician workforce, and Medicare GME cap limits which prevent residency program expansion, especially in underserved areas.

2. **Loneliness at the Top?**
Cathleen E. Morrow, MD, Geisel School of Medicine at Dartmouth and Elisabeth Wilson, MD, Maine Medical Center

This breakfast table will create a forum for discussion of the challenges and interpersonal perils of being a Chair in a FM department. The facilitators will lead conversation examining challenges inherent in departments when a Chair is new, arriving from outside the department (Dr. Wilson), and when the Chair ascends from within their own department (Dr. Morrow). Designed to be both an anticipatory and supportive conversation, this breakfast is likely to be most relevant for new chairs, though we welcome the insights and experiences of old chairs!

3. **Using a Conceptual Model and a Collaborative Approach to Plan Well-Being Initiatives in a**

Family Medicine Department
Chantal Brazeau, MD, Rutgers New Jersey Medical School

Project objective
Develop a multi-pronged approach that comprehensively addresses distinct domains of professional fulfillment to support physician well-being in a family medicine department.

Background information
Professional fulfillment has been conceptualized as including domains of personal resilience, culture of wellness and efficiency of practice (1). Department Chairs and faculty can learn and use these domains to systematically and strategically support faculty well-being in their dept.

Approach
Department activities were designed to address domains of professional fulfillment: e.g. (1) personal resilience: workshop on resilience strategies, (2) culture of wellness: starting meetings with good news, targeting at least 20% FTE for meaningful activities, and (3) efficiency of practice: organizing support sessions to facilitate the use of the EMR, improvement of the physical location of the practice, hiring more medical assistants.

In addition, a school-wide faculty well-being survey composed of validated instruments (organized by C. Brazeau, to be distributed November 2018) will provide department specific data about faculty well-being. We will use this data as a springboard to hold a Strategic Planning meeting on faculty wellness. The planned goal of the meeting, which will be led by an elected Department Faculty Wellness Champion, is to add more well-being initiatives along each domain to systematically support faculty well-being in our department.

Discussion
We will review survey results and discuss the format of the Strategic Planning meeting to collaboratively plan the department's response to the survey. We will discuss potential department acitivities to address survey findings and to create a "customized" departmental plan for well-being and professional fulfillment.

I will distribute the Stanford Model of Professional Fulfillment (1), show a graphical depiction of our school's well-being initiatives based on this framework, describe how our department fits in this graphic and engage participants to brainstorm about well-being activities for their own department while considering each of the 3 domains.

Conclusion
Using a framework to understand domains of professional fulfillment can help department leaders engage faculty and plan programs that support faculty well-being.

Learning objectives
At the end of this presentation, participants will be able to:
1. Describe a conceptual model of domains of professional fulfillment
2. Describe a systematic plan that can be used to target each domain in a department of family medicine
3. Apply this strategic approach for their own department

Reference
1. Bohman B. et al, Physician Well-Being: The Reciprocity of Practice Efficiency, Culture of Wellness and Personal Resilience, NEJM Catalyst, 2016

4. The Intersection of Family Medicine and Sports Medicine: A Platform for Value-Based Care

Irfan Asif, MD, University of Alabama Birmingham

Could a single intervention prevent major illness, physical degeneration, and improve the health in your community? Physical inactivity is the 4th leading cause of death worldwide and there is evidence to suggest that rates of inactivity are worsening. In fact, authors from the Lancet have used the term pandemic when describing current international levels of physical inactivity. Simultaneously, health care costs worldwide are rising, with the majority of money and current resources spent on treatment programs once people are sick and unhealthy, rather than focusing on disease prevention for those who may be at risk for adverse health events.

The discipline of primary care sports medicine was initially developed to protect the health of those participating in sport, with a major focus on the prevention of injury, illness, and mortality in the elite athlete. With the growth of sports and exercise medicine organizations, journals, and educational programs, the discipline now carries the appropriate expertise, infrastructure, and responsibility to tackle larger health care issues including the promotion of physical activity, which can prevent noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes, breast and colon cancer, hypertension, obesity, mental health disorders and much more. This includes embracing the concept that 'everyone may be an athlete, they just may not know it yet'.

This special topic discussion will focus on how family medicine can better partner with primary care sports medicine colleagues to improve health care delivery. We will discuss the concept that Exercise Can Be Medicine and the partnerships needed to carry this message forward within an institution, medical school, and the community settings. All are invited to attend.
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5. **Transitions and the Shape of our Future**
   Frank Verloin deGruy III, MD, MSFM, University of Colorado

   A chair's job description can tell you the things a chair is generally responsible for, but it doesn't tell you what a chair actually does and how one leads a Department of Family Medicine. Based on his 2018 State of the Department Address in which he announced to his department his plan to transition from the chair position, Frank deGruy will share his philosophy of leadership and the five basic responsibilities of a department chair: 1) speak the vision, point to the polestar; 2) learn to see far into the distance – in all directions; 3) hire the right people and get out of their way; 4) shape the culture; and 5) pass it on and mentor.

6. *ADFM Fellowship Project*
   Social Determinants of Health Screening
   Aaron Clark, DO, Ohio State University

   Development of a successful food insecurity screening process linking patients at risk for food insecurity to fresh produce in partnership with local food bank via a Produce Prescription.

7. *ADFM Fellowship Project*
   Developing Outpatient Specialty Palliative Care Services within an Academic Health System Patient-Centered Medical Home (PCMH) Practice
   Phil Rodgers, MD, University of Michigan

The University of Michigan Department of Family Medicine jointly leads and operates (with Internal Medicine) adult palliative care inpatient and outpatient services in our academic health system. We are currently merging two low-volume, single faculty run palliative care clinics (at different sites), into one consolidated, multi-faculty clinic in a third site. The consolidation created an opportunity to integrate palliative care into an established family medicine PCMH, and think creatively about how best to both leverage and integrate resources to meet the needs of our patients and their caregivers, our interdisciplinary clinicians, our learners and our missions.

Project Objectives:
i. Identify both key PCMH resources and key PCMH gaps relevant to meeting the needs of patients with serious illness and their caregivers;
ii. Develop a framework for integrating specialty palliative care services in a PCMH practice, including relationships with care management services, PCMH interdisciplinary team members, and supporting PCMH providers in their care of patients with serious illness; and
iii. Understand how specialty palliative care services integrated in a PCMH can interact with other key stakeholders to an academic health system, including inpatient providers, subspecialty treating providers (e.g. oncology, cardiology, neurology), and community-based resources (e.g. hospices, home care providers, and community-based palliative care teams.

8. 7 – 7:45am: **Chairs As Consultants**
CJ Peek, PhD and Tony Kuzel, MD, co-Chairs of the BRC Consultation Workgroup

Move from thinking of going into consulting to conversations on structured ideas. Discussion subjects will include client-centered consulting and finding a balance between one-time/report with recommendations consults and multiple steps over time/longitudinal consults.

7:45 – 8:30am: **Creating A Culture of Inquiry**
CJ Peek, PhD and Tony Kuzel, MD, co-Chairs of the BRC Consultation Workgroup

Whether or not departments seek to build research capacity, all faculty are curious—especially about their own work. This discussion is about broadening the "lens" for what counts as scholarly work—so that more people can see themselves asking and answering questions that bubble up as they do what they love in care and teaching. Practical concepts of "a culture of inquiry" are introduced as participants compare notes on how to sustain the inherent curiosity of their faculty.

9. **Work of ADFM's Diversity, Inclusion, and Health Equity Taskforce**
Mark Johnson, Taskforce Chair

10. **A New Congress -- New Advocacy Opportunities**
Hope Wittenberg, MA, Director, Government Relations

How can I help you and your department succeed in your advocacy efforts?

Would you like to know more about the issues covered in my legislative update?.

Would you like to know how you can help advance academic family medicine's legislative interests?