We are not alone

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University of Missouri-Columbia

ADFM: Mission, Vision, and Values

Mission

- The Association of Departments of Family Medicine (ADFM) supports academic departments of family medicine to lead and achieve their full potential in care, education, scholarship, and advocacy to promote health and health equity.

Vision

- Thriving, empowered academic departments of family medicine improving health for all.

Values

- **Excellence**: We pursue the highest goals and accept responsibilities required to achieve our best performance.
- **Integrity**: We commit to honesty, truthfulness and authenticity in our relationships and activities.
- **Inclusion and Equity**: We promote diversity, a culture of belonging, respect and value for all persons, and equity.
- **Respect**: We nurture free and open discourse, listen to ideas, and value diverse perspectives.
- **Partnership**: We commit to engaging with patients and communities as partners in our mission, and to achieving collective impact with mission-aligned organizations.

ADFM is my organization

- It is where I have found the knowledge and experience that has best prepared me for my job.
- It represents academic family medicine – my work world – among other family medicine organizations and those outside of family medicine.
- It is where I go to find support, empathy, and solace – both a center of strength and a retreat within a difficult job.

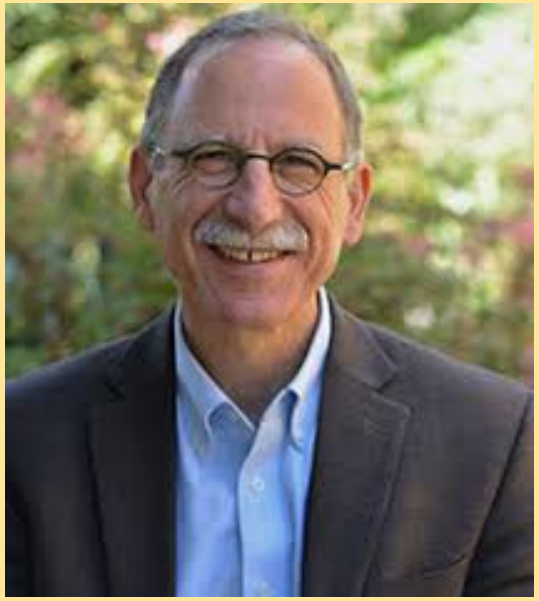
ADFM

Vision, voice, and leadership are words describing the work of ADFM:

- Provides the vision in guiding academic family medicine while being rooted in the experience of our faculty, residents, and students;
- Finds voice to represent all those who are our stakeholders - most importantly our patients;
- Demonstrates leadership in each of our missions.

Leading into the next year

- Strategic initiatives
- Build on the work of those who have come before us



Then there are the people we

couldn’t do without.

Strategic Direction 2018-19

Advancing Academic Family Medicine through a focus on DFMs and Power of Collective Impact

Two Overarching Priorities:

1) Leadership and
2) Diversity, Inclusion and Health Equity

Leadership Development Committee
John Franko, Chair

1. Increase the pool of individuals interested in and prepared to become department chairs

   Expand the ADFM LEADS program – 10 fellows this year

2. Increase the number of women, racial and ethnic minorities, and individuals from other groups underrepresented in medicine

   Work with CAFM Leadership initiative's goals and enhanced efforts to proactively reach out to individuals within our organizations

Healthcare Delivery Transformation Committee – Michael Jeremiah, Chair

1. Improve the performance of family medicine departments and their academic health centers in advancing the Quadruple Aim

Deliver content on top 3-5 membership priorities for healthcare delivery innovations

2. Support family medicine departments to lead in changing health care delivery and payment environment

Consider ADFM consultation service for healthcare delivery needs

Education Transformation Committee- Michelle Roett, Chair

1. Increase the number of US medical school graduates selecting family medicine as a career.

Produce Best Practices Guide, a resource for chairs describing what can be done to increase student choice and working with Family Medicine 25 by 30.

2. Collaborate with AFMRD and other organizations to re-design GME to meet the needs of the healthcare system of the future.

Bolster family medicine GME via Winter Meeting and/or webinars

Research Development Committee – Dan Knight, Chair

1. Strengthen research and scholarship capacity in DFMs

Building Research Capacity (BRC) initiative to directly impact DFMs' capacity for research and scholarship

2. Attract more research-oriented medical students into family medicine and support their research development during residency.

Form Advisory Board for Physician Scientist Pathway and develop marketing materials for the program

Executive Committee and ADFM AFMAC representatives – Hope Wittenberg, Government Relations Director

1. Strengthening our Advocacy Voice to influence Policies which impact academic family medicine and the health of our communities

Articulate top advocacy priorities for academic DFMs and develop advocacy skills of members

Diversity, Inclusion and Health Equity Taskforce – Mark Johnson, Chair

Integration of diversity, inclusion and health equity across specific priorities

1. Attention to work of four strategic committees and the Winter meeting planning
2. Establish ties to nominations committee to ensure diversity in ADFM leadership
3. Maximize ADFM's contribution to CAFM-wide goal of a "more diverse and strong leadership in academic family medicine" with a focus on women and underrepresented in medicine
4. Articulate how ADFM best functions with FM organizations and others around this cross-cutting imperative.

Competencies for Family Medicine Department Chairs (ADFM Leadership Development Committee revise June, 2015)

Leadership

- Create, sustain, and reassess mission, vision and values
- Utilize iterative tools of strategic planning
- Understand and change departmental culture
- Understand and shape departmental structure
- Build and sustain leadership team
- Select and utilize framework for leading and managing change
- Embrace inclusion and diversity

A personal story

Loneliness

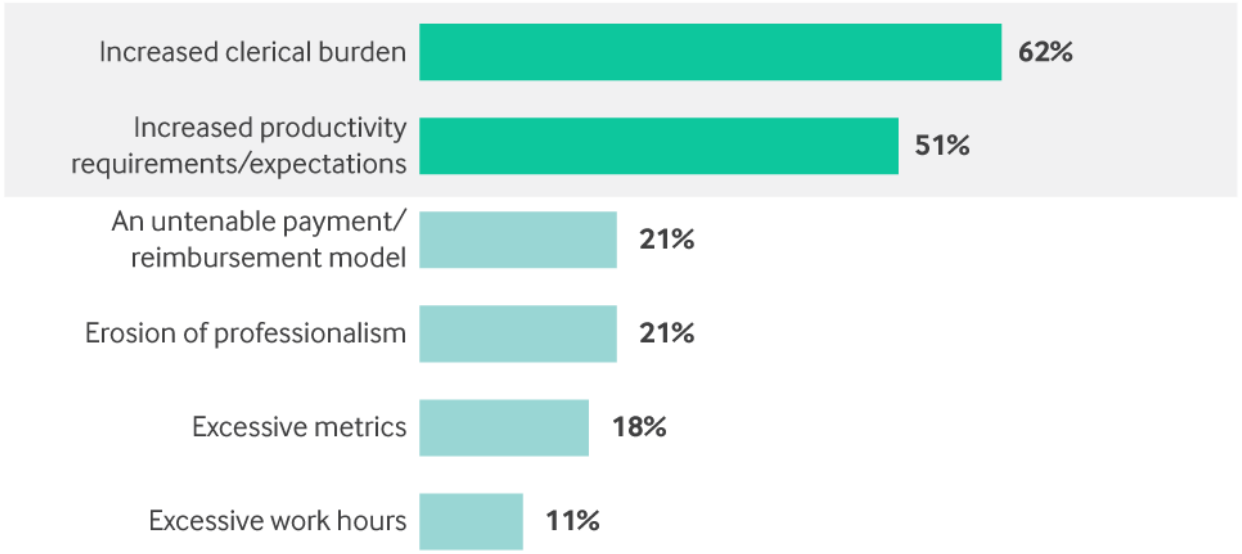
- The loneliness of the family physician
  - Comparison to surgeon in the operating room
  - Intimacy of the doctor/patient role
  - Time away with notes, portal messages, forms
  - Feeling of overwhelming responsibility in an era of sub specialization and technology

"When we recognize ourselves not as individual actors each isolated in an exam room, but as a collective joined in common cause, we start to feel less alone."

Eisenstine L. To fight burnout, organize. *NEJM* 2018;379(6):509-11

Increased Clerical Burden and Productivity Requirements/Expectations Produce Physician Burnout

What are the top two factors contributing to the increase in physician burnout?



A higher percentage of Executives than Clinical Leaders and Clinicians cite increased clerical burden as a top factor in increased physician burnout.

Base = 570 (multiple responses)

Our response

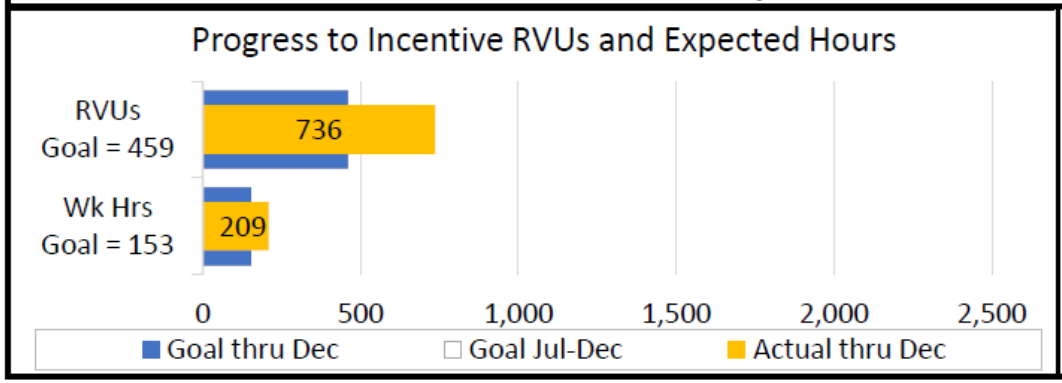
- Clerical burden
  - Improving ease of documentation
  - Pre-visit planner
  - Clinic design to emphasize team function
- Productivity/demands requirements
  - 31 hours = 51 hours
  - Physicians choose their pace
  - Incentive after minimal base productivity (3 RVUs/hr)
- Untenable payment model
  - Pay for panel size – quality and patient experience metrics
- Erosion of professionalism
  - Attention to mission, vision, values – who we are and aspire to be
  - Public and private recognition of teaching, scholarship, patient care
- Excessive metrics
  - Monthly dashboard of metrics – productivity, panel size, chart completion, quality, pt/doc communication – metrics in control of the physician

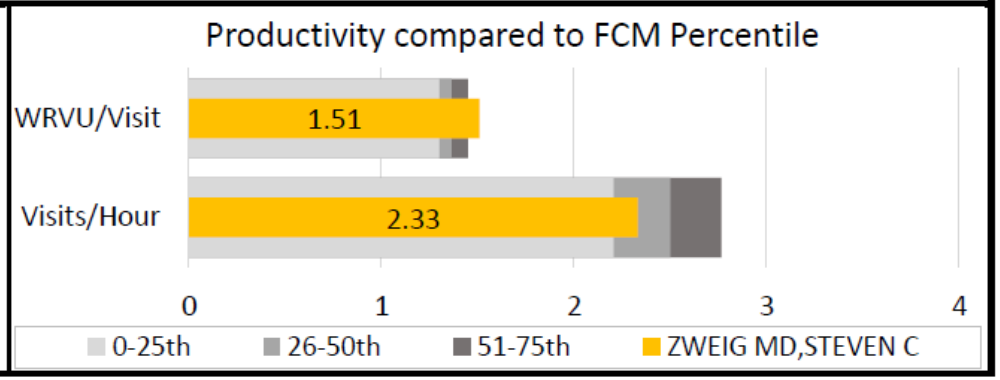
Family Medicine
University of Missouri Health Care

FACULTY DASHBOARD

Physician: ZWEIG MD,STEVEN C
Priv Clin FTE: 0.22 **Report Period** Dec-2018

Clinic Productivity: Semi-Annual Period FY19 Jul-Dec thru Dec 2018





Provider Annual Visit Capacity

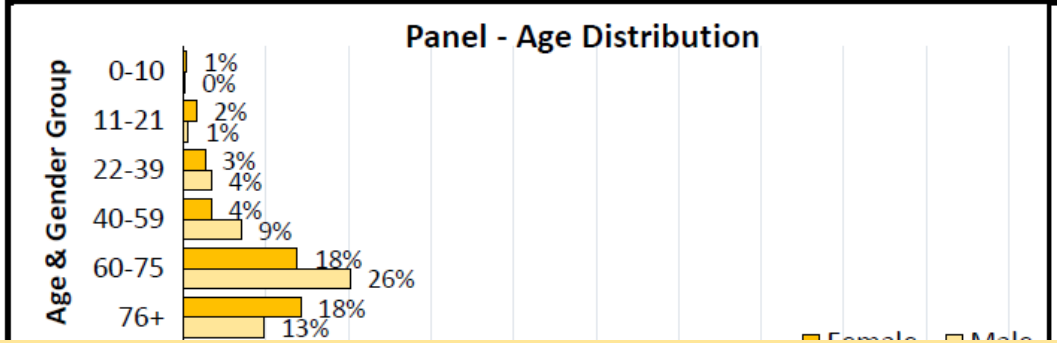
Projected Annual Hours	**306**	*Expected Private Clinic Hours = Private Clinic FTE * 1,400 hours/year (target for 1.0 FTE)*
Visits/Hour	**2.33**	*Actual Visits for period to date ÷ Private Clinic Hours for period to date*
Projected Annual Visit Capacity	**713**	*Projected Annual Hours * Visits/Hour*

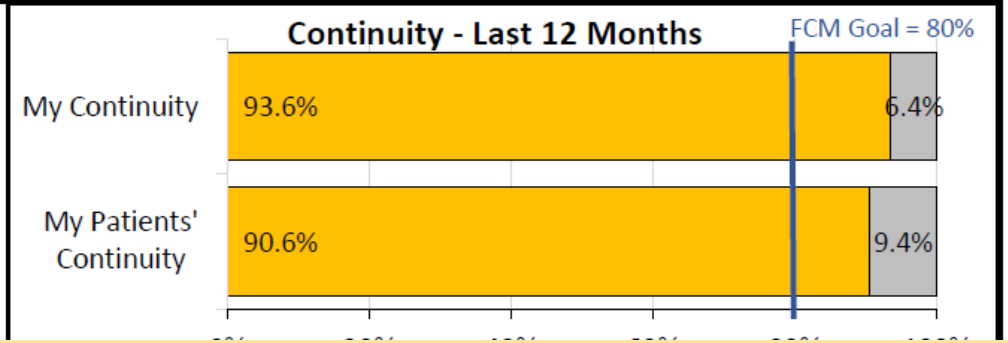
Panel Size and Visits

Panel Size As of: Jan 15, 2019	**386**
Annual FCM Visits per Panel Patient	2.64
My Patients' visits to FCM (last 12 mos)	1,018

Panel Turnover

New Patients (Added)	22
Patient Turnover (Lost)	39
Net Change from Jan 2018 to Jan 2019	-17





When profit gets unmoored from the purpose motive, bad things happen.

<u>Departments</u> that are flourishing are animated by purpose.

MU FCM Mission, vision, values

Our Mission

To advance health and primary care through leadership in patient care, education, scholarship and service, with a commitment to rural and underserved populations.

Our Vision

To be inspirational leaders in Family and Community Medicine for Missouri and the nation.

Our Values

Lead the way: *Innovation – Excellence – Integrity – Growth*

Bring people together: *Collaboration – Respect – Diversity – Inclusion*

Be our best selves: *Compassion – Humor – Joy – Learning*

Lessons from the new chairs workshop

- Our discipline attracts leaders who are smart, principled, hard working, and responsible
- The challenges of each environment are unique; each chair must match resources and expectations to create a vision going forward
- We all start in this job feeling alone – but together we can see new opportunities and strengths
- The new chairs become a unique cohort of colleagues who empathize and encourage each other – whose collective knowledge helps fill the gaps each of us has

The loneliness of the department chair

- Failing to solve all problems of the faculty
- The buck – all the bucks – stop here
- Feeling of overwhelming responsibility in a system that may value sub specialization and technology

A poem from the new chairs workshop

Self care
For a chair.
In hard ways
During lonely days.
We seek to improve care,
Trying hard to be fair.
We have people to promote,
Careers to launch and float.
We see systems to fix with
Learners always in the mix.

Finding friends can be tough and
We worry that what we do is never enough.
Clearly the loneliness is for real,
Even if we know it's part of the deal.
So let's keep talking and
Together we can start walking.

October 2017

Elisabeth Wilson, MD, MPH, MS-HPEd

Chair, Department of Family Medicine

Maine Medical Center

Extending our capacities

- Just as a being a member of an effective team reduces burden and makes us more effective in the clinic, it is an important lesson as a leader
- Each of us only has 24 hours/day no matter how smart, or capable, or committed. We are limited in what each of us as an individual can accomplish
- Paul James – When focused on “self” power is problematic, but when focused on behalf of others, power is strength - not power over but power to
- Kevin Grumbach – power of collective impact, working with each other and across organizations, to get things done

Our jobs as leaders

- Creating a vision based in shared values
- Bringing together resources both human and financial; reduce barriers and facilitate progress
- Helping our people be successful and contribute to the mission in their own unique and personally meaningful way
- Bringing people together to share stories, find meaning, celebrate joy
- Finding a group of senior leaders who will confront and support you
- Recognizing that diversity and inclusion make us better
- Finding our own path to building resilience and preventing burnout
- These are not the only ways out of the loneliness of leadership, but they will make us more effective.

As a member of ADFM

- Each of us is a part of the big us – the force responsible for creating, sustaining, and advocating for family medicine
- We embody the historical role of the physician – a role that has evolved and endured for thousands of years because of its value to people and community
- As we learn, empathize, and challenge each other at this conference, we know that we are not alone, we can express our power, use our collective impact – and be the revitalized leaders of a really important enterprise

As for me, in the work ahead:

I am done with great things and big plans, great institutions and big success. **I am for those tiny, invisible, loving, human forces that work from individual to individual**, creeping through the crannies of the world like so many rootlets, or like the capillary oozing of water, **which, if given time, will rend the hardest monuments of pride.**

William James (1843-1910)


IF YOU WANT TO GO FAST,
GO ALONE.
IF YOU WANT TO GO FAR,
GO TOGETHER.