

ADFM's Strategic Directions Workplan for 2018-19 (12.11.18 revised draft)

Strategic Direction 2018-19:
Advancing Academic Family Medicine through Inward focus on DFMs and Power of Collective Impact
 Two Overarching Priorities:
 1) *Leadership and 2) Diversity, Inclusion and Health Equity*

Specific Priorities for 2018-19*	ADFM GROUP RESPONSIBLE	SMART Goal(s)	Action steps for meeting SMART goals	X	COLLECTIVE IMPACT PARTNERS (to also include FMAHealth where applicable)
1. Increase the number of women, racial and ethnic minorities, and individuals from other groups underrepresented in medicine serving as FM department chairs and department leaders. 2. Increase the pool of individuals interested in and prepared to become department chairs and administrators	Leadership Development Committee	Develop plan for evolution and expansion of ADFM Fellowship with a formal 2-5-year plan approved by the Board and in place by November 2018 (when 2019-20 Fellowship class is recruited)	a. Review current ADFM fellowship curriculum, strengths, and gap	x	
			b. Review and revise goals of the fellowship with leadership development goals for ADFM and the discipline in mind - who is the target audience, what do we want them to take away? Include specific consideration for women and UIM Include specific component on criticality of Chair/Administrator dyad		
			c. Create proposal for staggered expansion of the fellowship with associated resource needs		
			d. Consider additional training and leadership development for Administrators within or in addition to this plan		

			e. Include plan for evaluation of expanded/evolved fellowship – how will we know we are meeting our goals?		
		Work over Fall of 2018 within CAFM to proactively communicate about the CAFM Leadership initiative’s goals and enhanced efforts to proactively reach out to individuals within our organizations	a. Survey individuals named by Chairs in the recent 2018 Survey about their interests in leadership opportunities (to include but not be limited to Chair role aspirations)	x	CAFM, AAFPs Center for Diversity and Health Equity
			b. In conjunction with other CAFM organizations, begin (Sept 2018) communicating within ADFM about leadership opportunities which cross member boundaries	x	
			c. Work with AAFP Center for Diversity and Health Equity to put on webinar(s) on CAFM resources (by Spring 2019) with participation from LDC and potentially broader ADFM membership		
			d. Draw on CAFM work to inform LDC’s Seminar at the 2019 STFM Spring Conference		
1. Improve the performance of family medicine departments and their academic health centers in advancing the Quadruple Aim.	Healthcare Delivery Transformation Committee	Deliver content corresponding to (at least) the top 3-5 membership priorities for healthcare delivery innovations within the 2018-2019 program year	a. Committee create list of 10 focus areas	x	AAFP, ABFM, AAMC
			b. Survey to members - “pick top 3” items	x	
			c. Prioritize items based on member responses	x	
			d. Identify “bright spots”/exemplars for these from within or outside of ADFM		

2. Support the ability of family medicine departments to successfully navigate and lead in a dynamically changing health care delivery and payment environment.		Submit a report to Board of Directors on feasibility of ADFM consultation service for healthcare delivery areas by Feb 2019	e. Choose & deliver content from exemplars via various mechanisms (e.g. consultations, webinars, listserv, toolkits, etc.)		AAMC (as interest area)
			a. Learn from BRC team about their experiences with consultations to date	x	
			b. Consider possible consultation models that might work for areas of need within healthcare delivery		
			c. Estimate resource needs for each possible model as part of report		
			d. Propose a pilot consultation to test model(s)		
1. Increase the number of US medical school graduates selecting family medicine as a career. 2. Collaborate with AFMRD and other organizations to re-design GME to meet the needs of the healthcare system of the future	Education Transformation	Produce "Best Practices Guide," a resource for chairs describing what can be done to increase student choice locally by June 30, 2019	a. Share data from 2016 and 2017/2018 member surveys for analysis by FMAHealth/Georgetown team (after Data Use form complete and approved)	x	AAFP/STFM through SCLAN
			b. Consider what to take from data to guide creation	x	
			c. Gathering of resources and other content in fall 2018		
			d. Draft guide for member input early winter 2018/2019 (December)	x	
			e. Member comments for consideration at in-person meeting in February 2019		
			f. Review and revise between Feb 2019 and June 2019		
			g. Ongoing revisions expected; will be "living" resource		
		Participate in the 25x2030 initiative, starting with launch in August 2018	a. ADFM representation at 25x2030 meeting in August 2018	x	AAFP/STFM through SCLAN
			b. Follow up on next steps from 25x2030 meeting, including launch of SCLAN, as needed		

			c. Additional action steps to be defined		
		Disseminate strategies to increase student choice of family medicine and bolster family medicine GME via mechanisms such as a session at the 2019 Winter Meeting and/or webinars	a. Include question on membership survey to determine who is having impact on areas within the 4 Pillars	x	
			b. Use this data and/or work from 25x2030 to determine best topic and speakers/panelists for a session and webinars	x	
			c. Plan and execute session and/or webinar(s)		
<p>1. Strengthen research and scholarship capacity in DFMs</p> <p>2. Attract more research-oriented medical students into family medicine and support their research development during residency</p>	Research Development Committee	Outline a plan in the 2018 BRC Annual Report to bolster the engagement of the ADFM Research Development Committee (RDC) and the Building Research Capacity (BRC) initiative to directly impact DFMs' capacity for research and scholarship	a. Hold a call with BRC Steering Committee Chair (B Ewigman), RDC Chair (D Knight) and RDC members involved in BRC (T Kuzel, D Schneider, and B Ewigman) to articulate key areas where RDC can inform BRC curricular and consultation strategies.		BRC, STFM, AFMRD, ABFM
			b. Articulate specific plan for communication/engagement between BRC and the ADFM RDC into the BRC Annual Report to be finalized Sept 2018	x	
			c. Bring the BRC Annual Report to the ADFM Board for approval in February 2019 with specific discussion (facilitated by Dan Knight and Dave Schneider) re: the connection between RDC and BRC		
			d. Explore role (after Jan 1, 2019) for ABFM in working with the RDC and BRC in strengthening DFM's research and scholarship capacity.		
		Form Advisory Board for Physician Scientist Pathway and develop	a. Recruit members from various organizations with a stake in the PSP to have a representative to the Advisory Board	x	

		marketing materials for the program	<ul style="list-style-type: none"> b. Clarify the role of Board and needs from board members c. Hold an in-person meeting of the Advisory Board at NAPCRG and arrange a schedule of calls for the year for continued progress d. Develop marketing brochure for Physician Scientist Pathway (with input from Ad Board) e. Consider what other marketing materials might be needed (website, etc.) 	x	
Strengthening our Advocacy Voice to influence Policies which impact academic family medicine and the health of our communities	Executive Committee and ADFM AFMAC representatives	Articulate top advocacy priorities for academic DFMs and develop advocacy skills of members	a. Executive Committee and AFMAC representatives review current priorities with Hope Wittenberg with an eye toward priorities for DFMs (Fall 2018)	x	AFMAC, CAFM Govt Relations Office, AAFP Advocacy arm, Primary Care IM, Peds
			b. Develop an ongoing mechanism whereby AFMAC representatives and the Executive Committee consider agenda items under discussion by AFMAC		
			c. Implement programmatic activities (e.g. webinars, meeting content) to strengthen the advocacy role of Chairs and Administrators		

Defer to 2019-2020? Position DFMs to be <u>leaders</u> in Population Health and Effective Community engagement	Health Delivery and Research Development Committees
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*New Diversity, Inclusion and Health Equity Taskforce to ensure integration of diversity across specific priorities;

*Key to executing on all Priorities is robust Information/data/resource Sharing along a continuum:

Electronic-----	Distance Learning—	Easily retrievable-----	In-Person-----	Onsite Consultations (drawing on “human resource/experts” within AFDM) NEW (SMART GOAL to be Developed by EC)
Info sharing (eg List-serv, Newsletter)	(eg. Webinars) tied to priority areas)	Information/data tied to strategic Goals (via NEW enhanced Website**	Group Learning (eg Winter mtg Admin Preconf Other preconf)	

** = Work of a Taskforce