



**DRAFT STRATEGIC WORKPLAN FOR 2020 & 2021
For Board approval Feb 12 2020**

LEADER DEVELOPMENT COMMITTEE

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

<i>New SMART Goal(s)</i>	<i>Action Steps</i>
Next steps on LEADS redefinition/expansion (to be determined after Nov 10 Summit)	<ol style="list-style-type: none"> 1) Spell out SMART goal for LEADS following the Summit 2) Determine role of committee in developing RFP, etc.
After publication of the article on the work of the CAFM Leadership Taskforce, consider how to best disseminate the tools and how to use them	<ol style="list-style-type: none"> 1) Develop dissemination plan for tools and how to use them
Continue to provide opportunities for leadership development at the ADFM Annual Conference, STFM conferences, and other gatherings of academic family medicine as applicable.	<ol style="list-style-type: none"> 1) Host session at STFM MSE conference 2) Host preconference at ADFM conference 3) Host seminar at STFM Annual Conference 4) Consider other places we should be offering sessions

HEALTHCARE DELIVERY TRANSFORMATION COMMITTEE

1. Improve the performance of family medicine departments and their academic health centers in advancing the Quadruple Aim.
2. Support the ability of family medicine departments to successfully navigate and lead in a dynamically changing health care delivery and payment environment.

<i>New SMART Goal(s)</i>	<i>Action Steps</i>
Deliver content corresponding to (at least) the top 3-5 membership priorities for healthcare delivery innovations within the 2020-2021 and 2021-2022 program years	a. Committee create list of 10 focus areas
	b. Survey to members - “pick top 3” items
	c. Prioritize items based on member responses
	d. Identify “bright spots”/exemplars for these from within or outside of ADFM
	e. Choose & deliver content from exemplars via various mechanisms (e.g. consultations, webinars, listserve, toolkits, etc.)
Assure that content delivery (wherever appropriate) from this committee for the term of the strategic workplan (e.g. webinars, conference sessions, etc.) highlights diversity, inclusion, and/or health equity by: a) the focus of the content/topic itself; b) through programmatic structure that allows a deeper dive into DIHE for a topic that may be less obviously related; and c) through the choice of presenters on a given topic.	a. Consider each potential webinar or other content delivery activity through this lens when putting together the topic and agenda
	b. Review this goal with each individual who will be presenting content to ADFM audience through this committee
	c. Include specific question(s) about whether DIHE was addressed in all evaluations of webinars or other content delivery and
	d. Periodically review these evaluation results as a committee to see if there is a need for any shifting of course
Pilot model(s) of ADFM consultation service for healthcare delivery over the next two years	a. Develop communication to membership about participation in pilot consultation
	b. Reach out to those who responded to 2019 survey query about areas of expertise re: serving as consultant pool
	c. “go live” of pilot – make open for membership
	d. Gather and evaluate data about utilization
[placeholder for something else that might come out of actualizing key points from Marmot’s plenary at 2020 Annual Conference or models that are the drivers of change]	<i>Circle back after Annual Conference</i>

EDUCATION TRANSFORMATION COMMITTEE

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

<i>New SMART Goal(s)</i>	<i>Action Steps</i>
Disseminate “Best Practice Guide,” a resource for chairs describing what can be done to increase student choice locally, by the 2020 Annual Conference. Continue to add best practice examples, references, and other updates so it is a “living document.”	<ol style="list-style-type: none"> 1. Share Guide in session at the 2020 Annual Conference 2. Publish a commentary sharing the top 10 recommendations 3. Figure out the best place for the Guide to “live” 4. Develop dissemination plan with help from the AAFP team
Participate in the 25x2030 initiative, starting with launch in August 2018	<ol style="list-style-type: none"> 1. Continue to participate on Steering and Executive Committees 2. Be poised to support launch of SCLAN or other efforts that come our way
Identify and disseminate innovations in family medicine GME* via mechanisms such as a session at the Annual Conference and/or webinars (<i>*innovation is not just in educational curriculum but also in administration, financing, partnerships, program development, etc</i>)	<ol style="list-style-type: none"> 1. Continue to work with Deb Clements and AFMRD on how to best do this, including consideration of: <ol style="list-style-type: none"> a. Impact of health system mergers on residency programs and opportunities for sharing “program value” b. Partnering to engage the osteopathic community
By June 2020, find allies and share or develop best practices on how to market and recruit for diversity of the future family medicine workforce, including rural students, underrepresented minorities, and those from less advantaged backgrounds.	
In 2020, gather data on which departments have faculty members on admissions committees, how departments are helping to shape admissions policies (e.g. what kind of students schools are looking for, how they set up interviews, how they train interviewers, etc.)	<ol style="list-style-type: none"> 1. Draft questions for inclusion on the 2020 Annual Survey 2. Include these questions on the 2020 Annual Survey

RESEARCH DEVELOPMENT COMMITTEE

1. Strengthen research and scholarship capacity in DFMs
2. Attract more research-oriented medical students into family medicine and support their research development during residency

<i>New SMART Goal(s)</i>	<i>Action Steps</i>
Better define the role of BRC and the role of the RDC in the research development work for academic family medicine; who owns or oversees which piece (training; workforce efforts; gathering/tracking metrics)	<ol style="list-style-type: none"> 1. Meet with BRC leadership to discuss the roles of the RDC and BRC 2.
Disseminate information about the Physician Scientist Pathway to research-interested students and residents. Work to make this project more robust and successful at accomplishing its goals. Review evaluation of project and assess needs to keep project going.	<ol style="list-style-type: none"> 1. Ask AFMRD and ABFM to include links to the PSP page on their websites 2.
Actively promote CERA as a resource for faculty in Departments of Family Medicine	<p>Examples:</p> <ol style="list-style-type: none"> 1. CERA breakfast table at ADFM Annual meeting 2. Update on CERA at ADFM Annual Business Meeting 3. Report on CERA in the ADFM Annual Board book 4. Disseminate one message per year on the ADFM listserv promoting CERA
Track key actionable metrics of research capacity in Departments of Family Medicine to inform the Building Research Capacity initiative	<p>Examples:</p> <ol style="list-style-type: none"> 1. Conduct a 5-year follow up in 2021 of the Research Minimum Data Set elements established in 2015 through a special CERA Research Capacity Survey in 2021, modified as needed 2. Conduct a 5-year follow up in 2021 of the Research Minimum Data Set elements established in 2015 through a bibliometric analysis
Work collaboratively with NAPCRG and our FM journals to develop a platform to publish positively recognized abstracts, articles and other scholarly activity in a nationally recognized format leading to P & T requirement accomplishment	

EXECUTIVE COMMITTEE (ADVOCACY)

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

Current SMART Goal(s)	Action steps	Notes
Articulate top advocacy priorities for academic DFMs and develop advocacy skills of members	Executive Committee and AFMAC representatives review current priorities with Hope Wittenberg with an eye toward priorities for DFMs (Fall 2018)	Last Fall we did revisit the AFMAC priorities; there was follow up with Hope regarding the advocacy priority on research but may have more to discuss. See November 2 2018 Board materials and minutes. See also minutes from Exec Committee call Oct 19, 2018 Will include conversation about sign-on opportunities coming directly from CFAS to us and not through CAFM or AFMAC.
	Develop an ongoing mechanism whereby AFMAC representatives and the Executive Committee consider agenda items under discussion by AFMAC	See minutes from Exec Committee call Oct 19, 2018
	Implement programmatic activities (e.g. webinars, meeting content) to strengthen the advocacy role of Chairs and Administrators	None planned to date since 2018 Annual Conference preconference workshop on federal advocacy. See minutes from Exec Committee call Oct 19, 2018

DEFERRED FOR 2019-2020

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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1. *Annals of Family Medicine* Commentary on definition of Population Health from ADFM Survey: Nov/Dec 2019 *Annals of Family Medicine* (due to be published 11.11.19)
2. ABFM is engaging family medicine organizations to consider potential engagement in a Learning Collaborative with the purpose of “Optimizing the Role of Family Medicine & Primary Care in Improving Population Health: A Learning Health Systems Collaborative”.