

ADFM 2020 Annual Conference – New Orleans

Breakfast Sessions

Thursday, February 13

7 – 8:30am (Topics presented in two, 45-min discussion blocks)

1. Addressing Social Determinants of Health through Development of an FQHC Network while providing Interprofessional Education for Learners

Janet Albers, MD, Bobbie Schilling, Iris Wesley, Southern Illinois University

Our department transitioned all four Family Medicine residency sites to FQHC status and partnered with Public Health and Community Mental Health to expand to an additional 10 clinical sites in central and southern Illinois. These sites serve as exceptional training sites for students and residents and have enhanced our number of students entering Family Medicine. In addition, the FQHC model has stabilized the department financially.

2. Advanced Practice Nurses: Friend or Foe?

Kimi Suh, MD, Loyola University Stritch School of Medicine

We will discuss the role of the APN in the family medicine clinical setting by analyzing various models to determine the best way to promote collaboration rather than competition.

3. Advancing Family Medicine as a Value-Based Care Solution

Krishnan Narasimhan, MD, Howard University (ADFM LEADS Fellowship Project)

Understanding of key market forces that influence family medicine chairs, deans, and health system leaders transitioning to value-based care. Meetings with key institutional stakeholders (Deans, Hospital administration, external health system CEO's and leaders) to understand their views on value-based care transition. Regular meetings with chair and department administrators on department management and finances.

4. An Interdisciplinary Approach to Restructuring Quality

Noah Lazarus, MBA, Thomas Jefferson University

Our Department has completely restructured our Quality infrastructure to improve and standardize workflows across our practices by utilizing rapid cycle improvements on the teams and creating interdisciplinary engagement.

5. Approaches to Reduce No-Show Rate for Faculty, Private Patients, and Residents Patient Population

Anna Ramanathan, MBA, Medical College of Georgia at Augusta University

This discussion will share our published efforts & follow-on intervention and culmination of industry knowledge to address the no-show phenomena.

6. Artificial Intelligence and Family Medicine

Nipa Shah, MD, University of Florida

This revolutionary innovation affects many aspects of clinical care. Objectives:

1. Define basic terminology in artificial intelligence (AI)
2. Become aware of how AI is used in a variety of medical applications
3. Comprehend the challenges of AI at this time
4. Prepare for the upcoming changes due to AI

7. CERA: How It Works and Using the Data Library for Secondary Data Analysis

David Schneider, MD, CERA Steering Committee

How to use data from CERA (CAFM¹ Educational Research Alliance) to support educational and other research; a path to generate high quality, peer-reviewed surveys to departments and faculty that limits the number we get from our academic Family Medicine organizations.

(¹CAFM is an academic family medicine partnership including ADFM, AFMRD, NAPCRG, and STFM)

8. Coping, Thriving, and Surviving after Closure of Your Sponsoring Institution

Jeffrey Borkan, MD, PhD, Brown University; Allen Hixon, MD, MA, University of Hawaii Manoa; Michelle Roett, MD, MPH, Georgetown University

We will look at examples of programs that do not close, despite the changes in institutional affiliation, and those that do close. And consider examples of institution mergers. What are the lessons from all sides?

9. Creating a Culture of Curiosity in a Community-Based Family Medicine Residency

Peter H. Seidenberg, MD, MA, FAAFP, FACSM - Penn State University College of Medicine (ADFM LEADS Fellowship Project)

This session highlights a LEADS Fellowship project that fostered increased scholarly activity through quality improvement, research, and publications by creating a culture of curiosity within the program. Over the course of one year, the instituted Curiosity Curriculum produced a ten-fold increase in resident scholarly production. This breakfast table session will review the curiosity curriculum and highlight the challenges and successes experienced while fostering a culture of curiosity in this community-based family medicine residency.

10. Creating Access to Care 7 Days a Week

Richard Lord, MD, Wake Forest School of Medicine

We will discuss how we went from a Monday to Friday 8-5 clinic 3 years ago to now 7:30- to 7 pm Monday - Thursday: 7:30 to 5 on Friday. 8-6 on Saturday and Sunday. We will discuss the different offering we have created walk-in, same day evening clinic, and weekend urgent care.

11. Departmental and Regional Campus Budgets - Finding Opportunities in Transitions

Jacob Prunuske, MD, MSPH, Medical College of Wisconsin (ADFM LEADS Fellowship Project)

Our department has recently experienced a number of leadership transitions, including the retirements of a long-serving department chair and department administrator, appointment of an interim administrator, appointment of two vice-chairs, and subsequent recruitment and hiring of a new department chair. At the same time, our institution has recently launched two regional campuses. These changes have necessitated detailed conversations about budget, finance, structure, and leadership. This session will compare and contrast departmental and campus budgeting, describe factors contributing to structural integrity in transitions, and explore factors that promote and limit relationships between the department, regional campus, institution, and external partners.

12. Developing and Negotiating a Strategic Plan for a New Population Health Research Institute

Navkiran Shokar, MD, MA, MPH, Texas Tech University Health Sciences Center, El Paso (ADFM LEADS Fellowship Project)

I will discuss the process, the leadership competencies addressed, the challenges and barriers encountered, and lessons learned. Attendees will be encouraged to discuss their own experiences and share successful approaches.

13. Doing Feasible and Gratifying Research by Harmonizing with Clinical, Quality, and Operational Priorities

CJ Peek, PhD, Bernard Ewigman, MD, MSPH, ADFM-NAPCRG Building Research Capacity (BRC) Steering Committee

A 3-part template and worksheet for taking your own path toward research and scholarship that is feasible, gratifying, and publishable because it aligns and harmonizes with clinical and operational priorities that already matter to stakeholders.

14. Leadership Development for Division Directors: Crucial Conversations, Confrontations, and Accountability

Chelley Alexander, MD, ECU Brody School of Medicine

This session will discuss how to use the crucial conversations series of books (crucial conversations, crucial confrontations, crucial accountability) as well as neutral rejoinders to teach division directors important skills in order to better hold faculty to their expectations. Participants will be given a template for the three-part workshop and effectiveness of the program will be discussed.

15. Lessons in Health Systems and Medical Education from an Unlikely Land - Observations from a Recent Trip to Cuba by STFM

Richard Streiffer, MD, University of Alabama

Since 1959, Cuba has built a rational health care system based around the family physician, neighborhood, team-based care and clearly articulated principles of universal access, prevention, and integration of social services and public health with medicine. Their medical education institutions in turn prepare the workforce for this approach, one in which all physicians become family physicians before any subspecialize. As a result, its health status has advanced from "developing nation" status to near, and in some areas exceeding, that of the US, at a fraction of the cost. Recently a group of Family Medicine educators travelled to Cuba under the auspices of STFM to observe the Cuban system and understand how has this been achieved. Might there be lessons that apply in the US? How can we support the US citizens studying medicine there in their pursuit of residency and practice as family physicians in underserved communities of the US?

16. Making AHRQ and PCORI More Primary Care Friendly

Hope Wittenberg, MA, ADFM/CAFM Director of Government Relations

Learn about some of the changes and enhancements to AHRQ and PCORI that academic family medicine would like to see; provide content expertise to help determine some of these directions, and learn how you can help in advocating for these changes.

17. Make Family Medicine EPIC

Ian Bennett, MD, PhD; Misbah Keen, MD; Paul James, MD; Eric Tobiason, MBA, University of Washington

What makes certain experiences more memorable than others? Research has shown that highly-rated experiences usually have memorable moments and that these moments occur at key times (Peak End Principle). Memorable moments leave lasting impressions and share characteristics that are rooted in our biology. Are memorable moments a product of luck (being in the right place at the right time) or can they be designed? What are their characteristics and how does one create them with minimal resources? This interactive session, mostly based on the Heath brothers' book, *The Power of Moments*, will attempt to answer these questions. Participants will create a draft of a memorable moment (or enhance an existing one) using the EPIC (Elevation, Pride, Insight, Connection) framework and determine where to place this moment for maximum impact.

18. New Model for Physician Leadership in Clinical Operations

Kirsten Rindfleisch, MD, University of Wisconsin Department of Family Medicine and Community Health (ADFM LEADS Fellowship Project)

We will discuss a new model for physician leadership in clinical operations across University of Wisconsin Health Primary Care intended to: 1) enhance the visibility and accessibility of physician leaders for front-line teams, 2) support clear and timely bidirectional communication between front-line teams and Primary Care leadership, 3) enable local innovation that is aligned with organizational strategic priorities, 4) deliver outstanding results on operational, clinical and patient experience key performance indicators, 5) promote a clinical environment that embraces and enhances the educational and research missions, and 6) facilitate ongoing improvement in clinician and staff satisfaction. We will discuss the intended benefit in communicating the mutual value proposition between the health system and the academic Department as well as lessons learned in planning, early implementation, and evaluation of this model.

19. Sexual Harassment and Gender Discrimination in Family Medicine

Colleen T. Fogarty, MD, MSc and Susan H. McDaniel, PhD, ABPP, University of Rochester

Yes, #UsToo

20. Soliciting External Letters for Faculty Promotion

Mack Ruffin, MD, MPH, Penn State Health and Elisabeth Wilson, MD, Maine Medical Center

An annual process for all Chairs and each institution has rules and regulations about the process for soliciting reviews. This breakfast discussion will be about the challenges of soliciting these letters and possible solutions to make the process more efficient and effective.

21. How to Explicitly Develop Your Faculty for Leadership

Peter Catinella, MD, MPH, Texas Tech Health Sciences University El Paso (at Transmountain) and Alison Dobbie, MD, Eastern Virginia Medical School

Looking at the desire, plan, opportunities, skills, and experience required when advancing faculty towards leadership.