

Sustaining Support for the Academic Mission with Increasing Clinical Demands

In Collaboration with STFM

Moderator: Christine Arenson, MD

Acknowledgments:

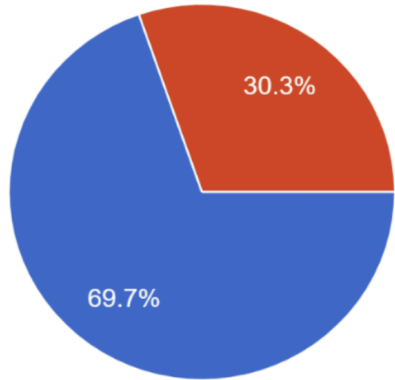
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Departments of Family Medicine are increasingly called upon by our health systems to expand clinical service, often at the cost of our academic mission.

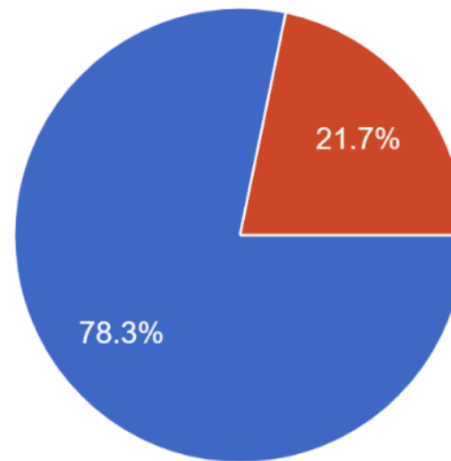
- 48.4% of Chairs report to a health system or practice plan leader
 - 60.3% report one or more health system roles (service line leader, ACO leadership, population health role)
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	N (%) N=66 0 missing (0%)
Yes Blue	46(69.7%)
No Red	20(30.3%)

Departments with clinical operations outside of residency training sites

Accountability for financial operations of that clinical entity



	N (%) N=46 20 missing (30.3%)
Yes Blue	36(78.3%)
No Red	10(21.7%)

Our Challenge Today

- How can we, as Departments of Family Medicine and Family Medicine Leaders, take action to sustain the academic mission of our departments by:
 - Managing Up: engaging with our health systems to create realistic clinical expectations for academic faculty/ departments?
 - Managing Down: engaging with our faculty to create rewarding and equitable workplaces?
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Talking Points to Position Academic Family Medicine in Health Systems:

[https://stfm.org/about/advocacy/health-systems-
talking-points/](https://stfm.org/about/advocacy/health-systems-talking-points/)

Our Challenge Today

Breakout Group	Location	Facilitator
No Clinical Enterprise Owned By Institution	Tower Court A	Parastou Farhadian
Your Institution Owns Clinical Enterprise - <i>Small</i> (Self-Defined, May be just residency or one other entity)	Tower Court B	Justin Wright
Your Institution Owns Clinical Enterprise - <i>Medium</i> (Self-Defined)	Tower Court C	Jennifer Molokwu
Your Institution Owns Clinical Enterprise - <i>Large #1</i> (Self-Defined)	Tower Court D	Alex Verdieck- Devlaeminck
Your Institution Owns Clinical Enterprise - <i>Large #2</i> (Self-Defined)	Windows	Jose Rodriguez
Separate Entities for Academics and Clinical Structure	Gold	John Snellings
Separate Entities for Academics and Clinical Structure (With Large Clinical Structure)	Century	Bernard Ewigman