



American Board of Family Medicine, Inc.

MEMORANDUM

TO: Family Medicine Leadership Conference

FROM: Warren P. Newton, MD, MPH
President & CEO, ABFM

RE: Towards the Family Medicine Leadership Conference 2.0

DATE: July 28, 2023

On the FMLC agenda on Friday afternoon is a discussion period devoted to the future of the Family Medicine Leadership Council. I write to introduce the topic and lay out some principles for how we might go forward. From ABFM's perspective, the shift to the Family Medicine Leadership Conference five years ago has represented progress – with important collective work around residency redesign, health equity and now the research capacity in the discipline. There are, however, opportunities for improvement—to engage people outside of the leadership of the organizations and to facilitate action, both collectively and as individuals.

Background: Five years ago, we wanted to create a structure which would go beyond information sharing to identification of and addressing “wicked problems”- those problems that are both complex and complicated, might require discussion over more than one meeting and lead to common action. We codified the organizational principles in a set of rules which I’ve attached.

We propose that FMLC evolve to include people and organizations outside of the family medicine organizational leadership, that we address broader topics and that we structure the meeting to support action, both collective and individual.

But how to do this? What follows are a series of draft principles having to do with the organization of the meetings, both program planning and arrangements. As you know, AFMRD has asked ABFM to change places in the order of organizational responsibility for arrangements. So, ABFM is responsible for organizing the FMLC next year. We propose to use one of the sessions to pilot a new format.

The Example of the ABIM Foundation

One of the goals of this proposed change is speak to more than ourselves— both leaders in the discipline outside of the organizations as well as, perhaps, other organizations and leaders. An important model for ABFM in considering this issue is the American Board of Internal Medicine

Foundation Annual Summer Forum. As you know, the ABIM Foundation has had a significant impact on the whole profession, starting with the Professionalism Charter signed by over 120 professional organizations in North America and Europe, the transparency campaign that divested conferences from pharmaceutical funding, Choosing Wisely and, over the last five years, the Trust campaign, which promotes trustworthiness among doctors and patients, doctors and health systems and health systems and communities.

The major driver of these efforts has been a summer forum when the leadership of the whole specialty gets together – the elective and volunteer leaders from subspecialties as well as the ABIM and its foundation. Most impressive, however, is the broader element – outside experts, leaders of major philanthropies, payors (eg the United CEO), the Editors of the *New England Journal*, *Annals of Internal Medicine*, *JAMA*, *JAMA Internal Medicine*, *Health Affairs* (all of whom are internists...). In recent years, they've brought patients and medical students/residents to the meeting as well as leaders of NGOs and regulatory bodies such as JCAHO and NBME and outside speakers to the meeting for a total of about 140-150 people. The result is a remarkable event for dialogue and networking, with a bias towards action.

We propose to develop a meeting that might evolve to something similar to the ABIM Foundation but developed by our specialty for our specialty. To give you a better sense of what they do, I've attached this summer's agenda as well as the a background paper (they have an app with other articles as well)

Remember that we would choose the topics! I've attached the agenda and an introductory essay from this year's event. I would also say that the craft of their meeting--with lots of time for networking, small interactive groups, and having patients, medical students and residents participate is outstanding. Importantly, it is invitation only, and people want to keep coming back.

How it Might Work for Family Medicine: Draft Principles

1. Establish a permanent Program Committee with representation from each of the organizations to include volunteers as well as staff with a commitment to participate for three years with staggered terms. This committee would be responsible for the program, speakers, invitations and other key elements.. This group would need to start just after the Milwaukee meeting.
2. The Family Medicine Forum would meet once a year, replacing much of one FMLC meeting.
3. The topic/overarching theme and what we want in a program would need to evolve. The ABIM F Forum has focused on one theme for the last 5-6 years--(Regaining Trust) and many different aspects of that theme—and the meeting structure has lots of white space for networking and planning collaboration.
4. The routine interorganizational meetings (FMLC and CAFM, if appropriate) would continue to take place twice a year but would be abbreviated in the “large” meeting dates.. So, for a large meeting time, we might think of interorganizational meetings on the Friday, with a kick off/ opening

reception on Friday night, and the program lasting all day Saturday and half of the day Sunday. In the small meeting of the year, the schedule might be similar to what we have right now – Thursday for meetings, Friday and Saturday morning.

5. Who would attend? Having a compelling topic would attract the best people in the country but at a minimum, it would be invitation only and should include a broader section of the specialty, philanthropies and payers. Part of the attraction of the ABIM Forum is the caliber of the people who come—for example, Don Berwick always comes (and this year kicked off a campaign to address medical debt...) Having patients and students/residents participate is powerful and changes the conversation.
6. Arrangements – We will need to have an Arrangements Committee that will choose the venues and work on the mechanics of the meeting. This work would need to be contributed to by all of the organizations.
7. Financing – One of the challenges of the current arrangement is the very different financial capacities of the large organizations and the smaller organizations. Similar to what we've done with Annals, we want to maintain financial contributions from all organizations but to bear the cost of this effort differentially. Perhaps one approach is for the core hotel rooms plus the major dinners be funded by the ABIM Foundation and AAFP, with each organization paying its own member's travel and extra hotel and incidental expenses. We would need to come up with a formula on how to do this.
8. We propose a pilot of five years. Depending on the interest of the group, the ABFM Foundation is willing to consider a proposal covering a major part of core costs for this time. The AAFP is also willing to consider a proposal.
9. It will need a name!

Of note, ABFM is responsible for coordinating FMLC in 2025—AFMRD had asked to switch—and is willing to help coordinate a pilot of this.

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Attachments

