



**SUMMARY REPORT TO THE FMLC
for the 2023 grant**

**Planning a New Strategy for Increasing Research Capacity in the Discipline of
Family Medicine**

The report below is intended to be a brief summary of the several years' long process to create a strategic plan for research for the discipline of family medicine. The report pulls from several articles written and published during this period, see [Toward a Unified and Collaborative Future: Creating a Strategic Plan for Family Medicine Research](#) and [A Milestone for Promoting Research in Family Medicine](#) for additional background and context.

Acknowledgements

A huge thank you to the ABFM Foundation for supporting this work; Warren Newton, the ADFM and NAPCRG Executive teams for their ongoing engagement and feedback into this process so far; the ADFM Research Development Committee for the many thoughtful conversations leading up to this process; the Clarus Consulting Group; and everyone else who has shared their time and wisdom with us!!

BACKGROUND

In the fall of 2022, we proposed a year-long process to create an action-oriented discipline-wide strategic plan for growing research in family medicine. This proposal built on several years of work by Dr. Asif and the ADFM Research Development Committee to explore areas of need and opportunities for change. This process included using the two 2023 FMLC meetings to bookend the drafting of a research strategic plan, with aggressive gathering of data between these two meetings to provide content and context for the plan, as well as the hosting of a summit in October 2023 in conjunction with the NAPCRG Annual Conference to socialize the plan and begin to process action steps. Later we also added a supplemental issue of a journal to disseminate the outcomes as part of the project. The ABFM Foundation generously funded this project.

GENERATING THE NATIONAL FAMILY MEDICINE RESEARCH STRATEGIC PLAN

February FMLC Kick-off

In February 2023, we convened the 8 national family medicine organizations as part of the Family Medicine Leadership Consortium (FMLC) to establish the process and vision, clarify the timeline, review the intended final product, and evaluate the current state of research efforts. Ahead of this meeting, an inventory of research programs across all of the organizations was created based on the organizational reports. This topic had about 4.5 hours on the overall FMLC agenda including setting the stage, reviewing the current state, hearing some innovative inspirations, and beginning some visioning for the future using the question *“What do you hope to be true for the national family medicine research strategy by 2030?”*

This led to a robust discussion that ended with two key takeaways: 1) the timing is right to focus on advocacy and we should move on that front now (vs waiting for the summit), and 2) that this might specifically look like advocacy toward an NIH “home” (Office, Center, etc).

Key informant and partner data-gathering

While planning for this FMLC kick off, we started the process of capturing as many voices as possible for input via a visioning survey and engaged Clarus Consulting to assist with constituent interviews and focus groups for deeper input across a breadth of audiences. Interviews were focused on key individuals leading in research in family medicine and focus groups included one focused on departmental leaders (chairs and vice chairs for research or research directors) and one focused on training (students, residents, program directors, clerkship directors).

These results were all used to create a first draft version of the research strategic plan, which was initially reviewed by the ADFM Research Development Committee in June and the research directors/chairs group on their quarterly meeting in July, as well as by the newly formed Summit planning committee who began to look at it and give input (more below on this committee and their work), before being presented for revisions at the August FMLC meeting.

August FMLC Reviewing of the Plan

The draft plan was shared at the August FMLC with time for discussion, suggestions for revisions, consideration of which organizations might take ownership of which parts of the plan, and a deeper dive into a possible advocacy strategy toward creating a center for primary care/family medicine at the NIH.

The August 2023 FMLC minutes have a summary of this conversation for those that wish to read further.

The summary of who volunteered to lead/collaborate/be informed in each area of the strategic plan [can be found here](#). The final version of the plan, following the feedback from the FMLC organizations, is below in **Figure 1**.

Figure 1. National Research Strategy for Family Medicine: 2024-2030

National Research Strategy for Family Medicine: 2024-2030		
VISION <i>Family Medicine research is whole-person, family, and community centered and improves health by enhancing health promotion, improving care for chronic diseases and advancing healthcare delivery, while including cross-cutting themes of health equity, technology, and team science</i>		
STRATEGIC PRIORITIES		
Pathways / Mentorship 	Funding & Advocacy 	Infrastructure 
GOALS		
Grow the family medicine research workforce by expanding pathways and strengthening mentorship	Increase funding for family medicine research and advocate for enhanced health policy and support	Build a national infrastructure for organizing and optimizing family medicine research opportunities
OBJECTIVES		
A1: Maintain, promote and contribute to a database of family medicine research programs to connect learners to research training opportunities A2: Enhance and grow pathways to participate in family medicine research for <ul style="list-style-type: none"> • medical students (e.g. expanding MD/PhD programs) • residents (e.g. creating additional degree programs and fellowships) • and family physicians (e.g. offering training opportunities) A3: Create structured mentorship experiences inside and outside home institutions A4: Normalize a team science approach by developing cross-disciplinary partnerships with PhDs, interprofessional groups, and community based organizations A5: Promote a " culture of curiosity " among medical students and family medicine residency programs to ensure the workforce is well-equipped to critically analyze and apply evidence	B1: Define and promote the value of family medicine research broadly B2: Align advocacy efforts with the 2021 NASEM report and forthcoming action plan to build momentum and increase support for family medicine research, including the creation of an Office of Primary Care Research B3: Continue advocacy to increase funding for AHRQ National Center for Excellence in Primary Care Research and support efforts to direct other sources of funding to primary care research (e.g. foundations, payers, venture capital and other federal agencies such as: PCORI, CDC, and HRSA) B4: Advocate for increased funding for Departments of Family Medicine from institutional leadership B5: Identify and promote promising practices for chairs to support and fund research participation within their departments and institutions	C1: Create partnerships and align the discipline with future advancements in healthcare delivery to be on the forefront of new research opportunities and changes in healthcare policy C2: Utilize a repository of clinical data to answer key questions in primary care C3: Increase accessible and integrated research models that produce clinically applicable research and evidence-base (e.g. optimize PBRNs, communities of practice, and consider other types of networks such as geographic and content networks) C4: Leverage Clinical and Translational Science Awards (CTSA) networks and create Centers of Excellence to increase family medicine research within institutions C5: Design and utilize distinctive methodology such as pragmatic trials, participatory methods, community-based research, translational science, implementation research and dissemination, big data analytics and machine learning

OCTOBER 30TH RESEARCH SUMMIT



In June 2023, just prior to the review of this plan by the FMLC organizations, a Summit Planning Committee was built and given the task of creating an agenda for the October 30th Summit that would help move these priorities forward with possible action steps for each objective.

Planning Committee members included representatives from each of the 8 FMLC organizations, as well as several other key leaders in discipline-wide research efforts:

- **Irf Asif**, MD, Chair, UAB & Chair of ADFM Research Development Committee
- **Amanda Weidner**, MPH, Executive Director, ADFM
- **Tom Vansaghi**, PhD, Executive Director, NAPCRG
- **Sam Elwood**, Project and Data Manager, ADFM
- **Dave Schneider**, MD, Chair, UT Southwestern & ADFM President
- **Miranda Moore**, PhD, STFM
- **Dean Seehusen**, MD, Chair, Medical College of Georgia
- **Peter Seidenberg**, MD, Chair, Louisiana State University Health - Shreveport
- **Viv Ramsden**, RN, PhD, University of Saskatchewan, & Outgoing NAPCRG President
- **Richelle Koopman**, MD, MS, University of Missouri & NAPCRG Vice President
- **Santina Wheat**, MD, MPH, Northwestern Feinberg & AFMRD Member-At-Large
- **Kaisani Afsha Rais**, MD, Medical City Arlington Family Medicine Residency Program.
- **Warren Newton**, MD, MPH, ABFM President
- **Christina Hester**, PhD, MPH, Vice President of Research, DARTNet Institute
- **Caroline Richardson**, MD, Chair, Warren Alpert Medical School of Brown University & Annals of Family Medicine Editor
- **Diana Rubio**, MD, Georgetown & ADFM Resident Rep
- **Beverly Onyekwuluje**, MD, Past AFMRD Resident Rep
- **Yalda Jabbapour**, MD, Director of Robert Graham Center
- **Gerardo Moreno**, MD, MS, UCLA David Geffen School of Medicine & ABFM Board
- **Tochi Iroku-Malize**, MD, MPH, MBA, Chair, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell & AAFP President
- **Jay Shubbrook**, DO, Touro University California College of Osteopathic Medicine

Initially, we planned to have a Summit of about 40 individuals, as a stand-alone event. Earlier in the year, when we determined that we should host it in conjunction with NAPCRG, we imagined we could include about 60-70 people. In order to identify attendees, we sent out an application form and were blown away by the interest, receiving a grand total of 172 responses. The committee worked to determine the best way to choose some of these applicants to attend, highlighting various “categories” we wanted to fill - e.g. different roles, different geographic locations, different research interests, etc. We narrowed the list down and began to send invites - and then received some push back from members of the community who asked us, “if you want to share out this strategic plan and maximize engagement, why would you not include everyone who is interested?” The committee wrestled with this challenge, and ultimately decided that this was the right approach - pivoting from what was originally one collective agenda with group discussions to a format that created three parallel structures for maximizing opportunities for discussion with a much larger audience, and stretching the available space and budget accordingly!

The final Summit agenda embraced innovative approaches to participatory engagement and each of the three priority areas had a breakout group, which each had three rounds of discussion

throughout the course of the day. These discussions utilized an engagement structure from Liberating Structures, specifically, an adaptation of the 1-2-4-all format from [Liberating Structures](#), to give all participants a chance to speak. Following this group brainstorming, each round of discussion ended with real-time prioritization of action steps, followed by immediate polling. The [final agenda for the Summit is available on the Summit site](#).

October 30, 2023 was a historic day for the discipline of family medicine, with a momentous gathering of over 140 visionaries, innovators, and leaders in the field of family medicine for the National Family Medicine Research Summit. **Table 1** summarizes the roles of who participated in the Summit.

Table 1. Summit participants by role

Group	Summit participants
Practicing (Academic and Non-academic) Family Physician	67
Department Chair	28
Researcher (PhD and/or master's level and/or physician)	62
Research Director (or Vice Chair for Research or equivalent)	52
Residency Director	
Clerkship Director	
Resident/Fellow	6
All Others	(n/a)
<i>Other*</i>	(n/a)
<i>Research Staff</i>	3
<i>Leader of a PBRN</i>	14
<i>Patient</i>	3
<i>Physician or leader of another medical specialty</i>	5
<i>Health System Leader</i>	12
<i>Leader of CTSA</i>	5
<i>Medical School Dean</i>	1
<i>Executive Administrator</i>	3
<i>Student</i>	2
Total	142

The collaborative, inclusive approach to engagement of Summit attendees described above resulted in the development and prioritization of action steps aligned with the objectives outlined in the strategic plan. These are [available here](#). These action steps are being shared broadly, and specifically with the FMLC organizations who will be taking the lead in each of these areas. They will also be tasked with creating measures of success and a timeline for each of these areas.

After the deeper dives done in breakout groups and the sharing of the top action ideas for each objective, we closed the day out with an activity designed to encourage participants to think about a communication strategy and how to share more broadly about the work within the strategic plan. This exercise, called “here, there, share, everywhere” was designed by the Clarus team, Amanda Carmichael and Kristie McCullough, and asked participants to:

- HERE: Identify something you learned in our time together that a broad audience needs to know to move our national research strategy forward (your Aha moment!)
- THERE: Now think how you might take that specific example and implement it within your organization. Bring in as much detail as you can to make it easy for implementation, imagining your future self doing it and the outcome it generates.
- SHARE: Turn to a neighbor and share your “Here” and “There” responses
- EVERYWHERE: Now think about how to communicate the item you identified in a broader way to allow for more universal application; what do you commit to upon leaving the Summit?

A few illustrative examples of comments from the “everywhere” exercise, sharing “How will you communicate your idea in a broad way for universal application? What do you commit to upon leaving the Summit?” can be found below.

“I commit to reviewing grant applications for AHRQ or NIH so I can be a voice for family medicine”

“Advocate to my state and federal representatives to fund primary care research and training programs.”

“Incorporate QI/small scholarly activity project in MS3/4 clerkships”

“Discuss Primary Care Research with Chief Research Officer and CTSA leaders”

“Partner with other departments to create a mentorship network.”

“Share in the departmental newsletter.”

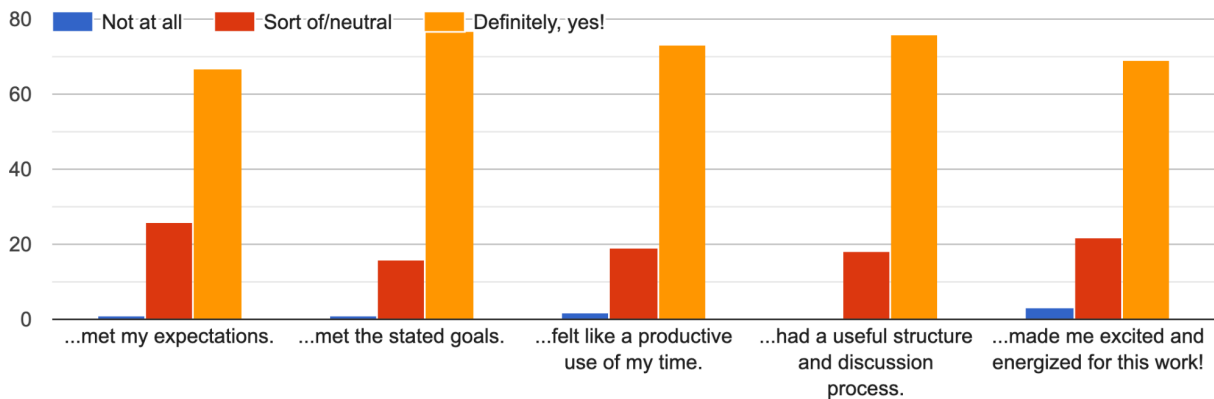
“Start small internal funding for junior faculty and send for training”

“Write commentaries in broad journals.”

After the Summit, we requested feedback from the attendees through a brief evaluation. Ninety-six of the 140 attendees (68.6%) responded. Overall, the feedback, shown in **Figure 2** was quite positive.

Figure 2. Summary data on participant experiences in the National Family Medicine Research Summit

Please respond to the following statements: The National Family Medicine Research Summit...



Participants complimented the format of the day and expressed interest in continuing to engage in this effort; of the respondents, 71 (74.0%) shared their email addresses to request communication about ongoing efforts related to the process. A few representative quotes have been pulled out below.

"Very impressed by the organization and a model of how to engage a large group in idea generation"

"I enjoyed the process. With some of the responses being so close, it will be important not to lose the ones that did not make the top 2."

"It was a great day, energizing. Some of our goals seem overly ambitious and I wonder if we can see them through. But I will maintain optimistic and hopeful and will bring back lots of ideas and potentially help going forward with some work such as research curriculum development."

"This is the FIRST TIME that I have felt that Family Medicine is willing to step out of its counter culture stance and realize that our rigorous research affects the patients we care for-- this is the FIRST TIME that I did not feel like an interloper in family medicine research. This is the FIRST TIME that I felt that family medicine wants to support, sponsor and advocate for its PHYSICIANS to do, lead, conceptualize and realize rigorous scientific research...."

INTENDED NEXT STEPS

ADFM and NAPCRG are committed to communication and coordination with the specialty. We have begun following up with the results of the summit, including sharing a “press release” as well as a series of slides featuring the context, process, and outcomes of the Summit for all attendees to share locally. We are working on a proposal for a staff position to help coordinate and track the efforts of the plan, as well as to support volunteer leaders on moving objectives forward. Each organization who agreed to lead an objective will be developing detailed plans, metrics for success and timelines.

In addition to starting to move these forward, there are several other immediate next steps:

1. ADFM and NAPCRG will begin action planning for objectives that were not discussed at the Summit
2. A special issue of a journal is underway, with more than 25 articles on background and context that ties into the areas of the strategic plan for framing and a tangible product that members of the discipline will be able to hand others.
3. We will reconvene with the FMLC organizations at the next FMLC meeting in February 2024, to assess progress and discuss additional needs for moving each objective forward.