Department of Family Medicine and Community Health

University of Massachusetts Medical School
UMass Memorial Health Care

Response to the 2016 External Review

October, 2016

Healthy people, families and communities – with equal access for all
Introduction

Academic Departments undergo periodic assessment by a team of external reviewers. From March 30-April 3, 2016, we were reviewed by Dr. Valerie Gilchrist, Professor and Chair of Family Medicine and Community Health at the University of Wisconsin, Dr. J. Lloyd Michener, Professor and Chair of Community & Family Medicine at Duke University, and Dr. Carlos Moreno, Clinical Professor and Chair of Family & Community Medicine at the University of Texas Medical School at Houston. To prepare, we devoted almost a year to an in-depth self-study, which included a revision of the Department’s strategic plan. During three days with us, the reviewers provided us with lots of great insight, and a month later they provided the Medical School with their formal report. All three documents – the self-study, the revision of our mission, vision and values, and the external report – are posted on our website.

It’s our usual custom in October to produce a summary of activities of the previous year. This year we’ve decided to let our self-study serve as a compendium for the Department’s activities, and have elected to provide this brief commentary on the review.

The reviewers commented positively on what they found, referring to the Department as a “very strong, respected, senior Department with strong institutional support.” There was plenty of praise for our programs, our talented and skilled faculty, our innovation, and our high degree of community involvement. Issues that were raised in our self-study, along with the issues that were raised by the reviewers, are noted in the sections that follow. In response to the self-study and the review, we have identified nine strategic initiatives to implement beginning this year:

Organization and Culture: We will:
- develop a more structured approach to succession management;
- develop a structured approach to fundraising; and
- work with staff, residents and faculty to raise awareness of the impact of racism on patient care, learning, and our professional community.

Education: We will:
- develop a new model for the 3rd year clerkship, so that clinical sites can accommodate a larger number of students during a clerkship block; and
- work with the leadership at the medical school’s new regional campus at Baystate Health to establish a Department of Family Medicine.

Clinical: We will:
- work with the UMass Memorial system to become a state and national leader in managing population health; and
- work to make our practices work better.

Research: We will rebuild our core research faculty, including the recruitment of at least one full time mid-career research faculty member this year.

Community Health: We will integrate community health into our family medicine practices, training programs, and scholarship efforts while engaging communities and community-based coalitions to improve the health of communities and populations.
Organization and Culture

One of the most satisfying portions of the self-study was the review of climate surveys conducted in 2011, 2013 and 2015 focusing on measures of “high performance.” The faculty’s overall assessment of the climate and culture of the Department was very positive. When asked to describe the most satisfying aspect of being a member of the Department, the majority of respondents wrote about the mission, the opportunity to work with vulnerable populations, and their high regard and trust for their colleagues.

These results were balanced by an engagement survey conducted by the UMass Memorial Medical Group focused on the clinical work environment, where the faculty indicated that the issues they find most frustrating include the electronic record, lack of resources to get their work done, staffing, problems in patient scheduling and referrals, and slowness of decision making. Our response to this is addressed in the section of this report related to clinical services.

Our self-study noted a need for more work on succession management and a lack of diversity, and these were confirmed by the reviewers, who also noted a lack of success in fundraising. Based on the self-study and the review, we are going to undertake three new initiatives across the Department.

Succession Management: The reviewers commented that the department has “a strong, senior leadership team, several of whom are qualified to serve as Chairs themselves . . . The leadership team holds itself accountable . . . Their systematic approach allows for the celebration of innovation and success and increased faculty engagement and satisfaction.” However both the self-study and the reviewers commented on the need to continue the cultivation of promising junior faculty leaders to balance a largely senior group of faculty.

In response, we will develop a more structured approach to succession management, taking deliberate steps towards leadership development, pushing of responsibility and authority down through the ranks of the Department, and developing potential and aspiring faculty within the Department.

Development: The lack of a focus on fundraising and philanthropy was raised in the self-study, and reinforced by the reviewers. In response, this year we will develop a structured approach to fundraising that will result in support for designated programs, including consideration of an endowed chair or professorship.

Diversity: A diverse health care workforce is one evidence-based strategy to achieve health equity. Our patient population and community are extremely diverse, yet our Department, as well as health care institutions generally in central Massachusetts, has an insufficient number of trainees and faculty underrepresented in medicine. We have decided to take the lead on addressing the lack of diversity in our workforce, as well as the impact of unconscious bias within our workplaces and clinical practices: Starting this academic year, we will work with staff, residents and faculty to raise awareness of the impact of racism on patient care, learning and our professional community. We will create and foster safe learning environments where we can address our own unconscious biases. As we raise awareness, we will support mechanisms for identification of issues and measurement of improvement. We will also work to increase the representation of those who are underrepresented in medicine as we recruit within our training programs and our faculty.
**Education**

**Medical Student Education**

The reviewers were complimentary about faculty involvement in all four years of the undergraduate curriculum. They commented on the innovation in the population health clerkship, and the fact that the Department offers multiple clinical and non-clinical electives. They described the 3rd year clerkship as well organized and highly rated by the medical students, but noted “there are a limited number of community preceptors. Innovative support of preceptors is necessary . . .”

While the faculty have expressed concern about decreased UMass student interest in Family Medicine, the reviewers commented that UMass is ahead of many institutions. They suggested that one intervention that might be most successful would involve the provision of adequate resources for Family Medicine preceptors with whom the students spend time and largely influence student career choice. They also noted that students are still hearing disparaging remarks about Family Medicine from other Departments.

They expressed concern about the medical school’s new programs in Springfield and on Cape Cod, noting that while the “faculty members see the advantage of establishing the relationships with Cape Cod Hospital and the Bay State Campus . . . there is concern about their ability to provide robust education from a further distance.”

**Residency and Fellowship Training**

The reviewers noted that residents felt that their educational support was robust, personalized and innovative, and that clinical services are strong. They highlighted training at the Family Health Center of Worcester as a popular and rich educational site. They also noted that the faculty at the health center do not feel they have adequate support for teaching time. They commented on the success of initiatives to improve recruitment, which have resulted in high fill rates and low attrition, and noted that our graduates are highly recruited, with many are practicing in medically underserved areas.

They also commented that that the Department’s multiple fellowship programs are viewed positively.

**Challenges**

1. Having completed the self-study and received feedback from the reviewers, our most immediate challenge is supporting the high quality of our 3rd year Family Medicine clerkship. Maintenance of a reasonably sized cadre of qualified preceptors is difficult, exacerbated by an increase in class size, coupled with a loss of the financial support (from federal Title VII training grants and from the medical school) that we have used for four decades to foster educational innovation.

Adding students to an already taxed clinical environment requires moving away from the traditional ‘apprentice’ model: **We are committed to developing a new model for the 3rd year clerkship, so that clinical sites can accommodate a larger number of students during a clerkship block.** A working group has come together to re-configure the clerkship, developing a model to increase the number of students placed in our health centers while decreasing the preceptor teaching burden.
2. Within the self-study, we identified the lack of a Department of Family Medicine at the medical school's new Baystate campus as a challenge. Baystate Health has joined the medical school as a regional campus, with a new Population-based Urban & Rural Community Health (PURCH) track. While this is an area of strength for our Department, there is minimal Family Medicine activity at Baystate. Providing students with a comparable educational experience in Springfield will require the development of a clinical and academic Department of Family Medicine equal to the other medical disciplines.

We are committed to working with the leadership at the medical school's new regional campus at Baystate Health to establish a Department of Family Medicine. Outreach to Baystate leadership has begun to insure that such a Department will be in existence by 2019, when the first PURCH students will need a 3rd year Family Medicine clerkship experience.

3. Student interest is a difficult problem nationally, and while we appreciate the reviewers’ comments that our student match rate in Family Medicine is appropriate, we strive to do better. We will support robust activities for our Family Medicine Interest Group, including consideration of an FMIG “home” based at one of our Worcester-based health centers. We will continue to support Department faculty representation on the medical school’s Admissions Committee. In addition, to provide students with exposure to positive faculty role models, we will continue to support initiatives to make our practices work better and to support the wellbeing of the faculty.

4. Funding for educational endeavors remains a challenge, but clarification of educational roles and expectations is also necessary. We are working on initiatives to better define the scope of teaching required for resident and student learning, and to clarify faculty roles. In addition, we continue to explore ways to target more resources towards student precepting.

5. Two new initiatives are also underway:
   a. Development of an Addictions Medicine Fellowship is a particular area of interest, especially given the expertise of our clinical faculty. This will require the development of a creative curriculum, collaborating with community partners for clinical training sites and securing funding for the program.
   b. The VA system has expressed an interest in training Family Medicine residents at VA clinical sites. We have begun an educational collaboration with the Central/Western VA, focusing on the identification of appropriate curricular experiences. One exciting possibility is to develop a ‘VA track’ for the Worcester Family Medicine residency, with a resident longitudinal continuity practice at a new Worcester-based VA facility.

Research and Scholarship

The external review complimented the Department’s productive research effort during the past 5-10 years, characterized by significant NIH and foundation-supported research, successful collaborations with medical school and external partners, and considerable success for scholarly achievements among education and clinical faculty. It noted the Department’s impressive diversity of research programs and grants, reflecting the broad scope and strengths of the Department, especially in meeting the needs of underserved populations. The review highlighted the considerable contributions faculty make to clinical
resources, including books, book chapters, and online reference materials. The review also noted the critical role Department researchers can play in collaborating with institutional leadership to plan, implement, and evaluate, programs for diverse populations in this dynamic health care environment.

However, the review and reflection process of the past year also recognized the diminished resources that have been available to the Department to invest new funds in research development and to replace investigators lost through attrition during the past five years. This has resulted in a smaller group of senior investigators and current need to invigorate research activities.

We have begun new initiatives to revitalize research and scholarship efforts in the Department: **We will rebuild our core research faculty, including the recruitment of at least one full time mid-career research faculty member this year.** This can be accomplished utilizing the Department’s fund balances, which have slowly grown to a level that can support investment in a new full time research faculty member. In addition:

- We will explore opportunities to jointly recruit one or more investigators in partnership with the Meyers Primary Care Institute, Commonwealth Medicine, the Department of Quantitative Health Sciences, or the VA;
- We will seek opportunities to work with part-time research faculty who can contribute to research development and faculty mentoring;
- We will build research collaborations with others that take advantage of Department strengths (e.g., the Center for Integrated Primary Care, collaboration on grants from other institutions, etc.); and
- We will continue to support faculty mentoring for scholarship, including scholarship related to clinical innovation projects.

**Clinical Services**

The reviewers concluded that “the Department is contributing strongly in clinical service not only in their communities but has a strong inpatient medicine service and a strong OB service. The core strength of this Department is the deep understanding and appreciation of their surrounding communities . . . (and it is) also a leader in integrated mental health.” They also lauded the practice transformation efforts that have resulted in NCQA level 3 Patient Centered Medical Home certification.

Our self study illustrated a robust continuum of comprehensive care in both inpatient and outpatient settings, at UMass Memorial Medical Center, at HealthAlliance in Leominster, and in the community. For example, a Family Physician is identified as the PCP for one quarter of all discharges from the Medical Center. Outpatient settings include the Department’s four health centers in Worcester (Barre, Benedict, Hahnemann, and Plumley, which accounted for over 91,000 of all Medical Center outpatient visits in the most recently completed fiscal year), the Edward Kennedy Community Health Center and Family Health Center of Worcester, as well as Fitchburg Family Medicine and the Community Health Connections CHC in Fitchburg. Family Physicians also provide care in private practices and in Community Medical Group offices across central and northern Worcester County. In the inpatient setting, we identified two particular areas of service strength: **Our Family Medicine Hospitalist Service provides 90% of all adult medicine inpatient care provided by Family Physicians and**
serves as the major site for adult medicine training for Family Medicine residents and subinterns. A similar service is maintained in Leominster. The second area of strength is our Family Medicine maternity care service. Though the absolute number of deliveries performed by Family Physicians has declined, the percentage of Medical Center deliveries attended by a Family Physician has held steady at about 14%. An innovative Department-wide obstetrical coverage service supports this important service to our patients, and is integrated with the residency’s maternal child health rotation.

**Challenges**

While the reviewers confirmed the strong nature of our clinical services, they focused on the future, characterizing our approach as “more thoughtfully reactive rather than strategically proactive.” Pointing to the Department’s strong history of and expertise in the management of populations, they were critical that this expertise is not clearly recognized across the UMass Memorial clinical enterprise. They suggested that the clinical system needs to understand, appreciate, and build upon this work.

In response, the Department has begun a deep engagement with the clinical system with a goal that the Department will work with the UMass Memorial system to become a state and national leader in managing population health. As FY17 begins, the state is seeking proposals for the development of a Medicaid ACO, serving populations with which the Department’s practices and faculty have a considerable level of expertise.

The self study additional challenges:

1. For several years, making our practices work better has been a primary goal, and we have been learning about and utilizing Lean techniques to address this goal. Our most recent area of success has been the utilization of scribes. We continue to believe working to make our practices work better is still of the highest priority; and
2. Since clinical revenue is the major driver of the Department’s fiscal integrity, we need to continue to seek out additional ways to increase clinical revenue; an A3 devoted to this problem is underway;

**Community Health**

The reviewers were impressed by the integration of community health into the department’s mission. The quantity and quality of educational programs and scholarship/dissemination were noted as strengths. However, given the expertise of faculty concerning vulnerable populations, a strong alliance with public health and skill in managing high prevalence conditions, the reviewers were curious why the Department was not leading efforts in the UMass Memorial system to develop care management strategies for high risk/high cost patients as Accountable Care Organizations take shape. Moreover, feedback from practice leaders suggested a lack of relevance of the Department’s community health tactics to clinical practices.

In response, the Department’s strategic goal for community health was revised to align our activities in teaching, clinical and community service, and scholarship: We will integrate community health into our family medicine practices, training programs and scholarship while engaging communities and
**community-based coalitions to improve the health of communities and populations.** A key strategy is based in partnership with community agencies: *Our academic practices will partner with community agencies and public health entities to develop community responsive services to improve health equity and reduce health disparities and we will work with these entities to ensure that department practices have ready access to necessary resources to assist patients with basic needs reflective of the social determinants of health which are foundational to health.*

**Partnerships for Public Health:** The Worcester Division of Public Health (WDPH) is a regional consortium representing six municipalities. This past year, WDPH achieved public health department accreditation status and worked with local colleges and universities to develop an academic health collaborative. These achievements paved the way for more robust engagement of students in public health practice and faculty in research. Department faculty provided strong support to WDPH in the work of completing a community health assessment and updating its Community Health Improvement Plan (CHIP), which focuses on eight issue priorities.

All eight issue working groups as well as the Plan’s health equity foundational tenets engaged key community stakeholders and were able to benefit from input from medical school faculty. The eight issue priorities include topics fundamental to improving the health of individuals and populations at high risk for adverse health outcomes, often associated with high cost as well. Mental health, substance use, access to care, food security, physical activity and discrimination/health equity are key priorities in which Department faculty have particular expertise to contribute to meeting the objectives set forth in the Plan. The Department will take up the challenge to identify and contribute to a subset of CHIP priority areas.

Much of the alignment will be accomplished through the Department’s Community Health Steering Committee, which includes representatives from the Department’s practices as well as key faculty members engaged in public health work from UMass Memorial Community Benefits, AHEC, Commonwealth Medicine and Worcester DPH. We have begun developing a plan for collaboration targeting the eight community health issues as well as the foundational health equity goal by:

- Linking Department faculty with expertise/interest in the CHIP priority areas to coordinate efforts;
- Developing better access to and coordination of community based services needed to improve social determinants of health, learning from and spreading the Prevention Wellness Trust Project currently focused improving pediatric asthma and hypertension outcomes in vulnerable populations as well as mitigating risk for falls in the elderly community;
- Exploring extramural funding to develop novel medicine-public health programs to improve population health. For example, if we are successful, our faculty and residents would have ready access to e-referrals to address services necessary to improve upon the determinants of health, such as housing, food security, legal services, mental health care access, etc.; and
- Working with practices and the Office of Clinical Integration at UMass Memorial in developing a care management strategy for high risk/high utilizing patients.