Department of Family Medicine and Community Health
Leadership Team
June 14, 2013

Present: Lasser, Chuman, Earls, Baldor, Dimitri, Domino, Stevenson, Polakoff, DiFranza, Gilchrist, Ledwith, Mazyck, Sweeney, Potts, Blount, Weinreb (by phone)
Excused: Coghlin-Strom, Koester, Ferguson, Culley

Announcements:

1. Calendar – Items of note
    - Leadership Team meetings:
        i. July 12: *Comp Plan and Incentives*
        ii. August: *No Leadership Team meeting*
        iii. September 13: *Quality, Education Awards*
    - August 27: Dept Medical Group business meeting (*Comp plan and incentives*) – for clinical faculty who are in the comp plan
    - September 20: New Faculty Breakfast
    - October is UMass Primary Care Month!
    - October 4-5, 2013: Leadership Team and Department retreats
        i. Need LT and faculty reps to plan both events
    - October 8: Putterman Lecture, annual Department Dinner

2. This year's Chair's Advisory Group held its 4th and final dinner meeting on June 4. At its first meeting, the group established its dual purpose: To provide a sounding board for faculty to interact directly with the Chair, and to give the Chair a better sense of the issues that are of particular importance to the faculty. The 2012-13 group included Katharine Barnard, Phil Bolduc, Lindsey Cobbett, Mac Corpuz, Cynthia Jeremiah, Kristin McCarthy, Monika Mitra, Tina Runyan, Trish Seymour, Sara Shields, and Michael Tutty. Invitations have been extended to a new group for meetings to start in the fall.

3. The Department has launched a pilot mentorship program. Dan Mullin and Jen Reidy worked with Dan Lasser and Linda Weinreb to develop the program, with assistance from Rob Milner and Joanna Cain from the Office of Faculty Affairs. 18 mentor/mentee pairs have made commitments to an orientation, periodic meetings over an 18 month period, tracking and evaluation.

4. Alan provided a brief budget update, with a reminder that last year we finished $600K below budget. Through May, the Department is 7.6% ahead of budget for patient revenue, and the bottom line is $262K better than budget. All of the hard work is making a difference!

Discussion: Climate Survey

Copies of the entire survey results had been previously distributed. We reviewed a one page summary produced by Lee Hargraves which listed each question of the survey and the percentage of faculty answering with the highest response on the scale, "Very often or always" or the highest numerical response of "9-10". The sheet identified by asterisk which items had a statistically significant change (p = .05 or .10) from the 2011 survey to the 2013 survey.

Discussion points included the following:

- Should we focus on items where we were almost there, or try to convert the smaller amount of other faculty in the lower ranges? (Steve)

- Site-specific comments should be helpful (negative comments about productivity pressure at one health center might mean something different than a similar comment at another) (Dave)

- Even if our scores are good, we are not the "Department of Good Enough" and we should be aiming to get to the next level. We should wait for the Moorehead survey of faculty engagement within their clinical practices (Bob)

- All of the initiatives in response to the 2011 data supported the academic work of the faculty; we may need to focus on the clinical practice piece going forward (Herb)

- We should define the "top 5" list that we should focus on. We need to do things to improve the clinical climate. We should identify 5-10 ways to help streamline processes which will directly improve the clinical life of the faculty (Frank)

- Dan spoke briefly about the recent trip that he, Dave, Beth, Joe and Alan took to Thedacare in Wisconsin, where they have applied LEAN methodologies across their health system. They were impressed, and came back with interest in employing these locally.

  Beth noted that this would require a significant commitment to establish and set the tools/ resources needed for success. Dan said that this would need to be a 5-10 year commitment, not a short term project. He will be meeting with Lori Pelletier from the Quality Office as well as Barbara Fisher to discuss what would we need to do to be successful in this effort.

  Herb noted that we need to maximize the ability to take care of patients and this should be a major focus. Bob noted that in order for LEAN to be accepted there has to be provider buy-in, and that we need to be careful about the message - eliminating waste? creating systems that average workers can succeed in? being Patient-centered?

  Dave Gilchrist said that we have to strike a balance between what works for physicians and what our patients consider "good" care. He noted that engaging in the LEAN model involves everyone at the health center, including managers and front desk staff. He is encouraging all staff to identify problems within the current system. Joe noted that he has begun weekly huddles with his team on Thursday afternoons and utilizes the answering service during this time.
  Jim suggested beta testing (PDSA) something with one or two sites rather than commit to a large project across the Department which may be too large of a task.

- Bob and Frank informed the group about their experience having an Allscripts trainer in the practice shadowing them and the value that there was in that. It was eye opening and something that should happen in all practices.

Items receiving lower scores on the survey included decision-making, timely delivery of feedback/results, and clarity around roles and responsibilities. Dan asked how we might be clearer about what we do, and how the Leadership Team should respond. There were a few comments:

- There is a LEAN term, going to the GEMBA – having leaders visit the workplace regularly to listen and learn – perhaps leadership team members could visit other sites more often

- The Monday Memo is a vehicle that could be used during faculty meetings to run through the news of the Department.

- The Leadership Team should share information with the faculty. Steve pointed out that it is not always clear what can be shared or what the follow-up is at the conclusion of the meeting so he doesn't know what his next step is in terms of briefing the faculty.

Discussion: Support of faculty experiencing life transitions

The team reviewed a draft guideline developed to establish a clearer process for how the Department should when faculty are experiencing transitions in their personal lives. They approved the following: w:

Department of FMCH Guideline for Faculty Experiencing Life Transition Issues and Needs

The Department aims to be supportive of faculty as family and personal needs arise and to create an environment that allows for flexibility when needed. A few principles should guide decisions by individual faculty members and their supervisors:

1. The faculty member and supervisor should plan for needed adjustments to work expectations in advance when possible.

2. All actions must adhere to Human Resource workplace and benefit policies of the Medical Group and Medical School

3. Supervisors should endeavor to work with the faculty member who requests flexibility of one sort or another to meet faculty needs while creating minimal disruption to the ongoing operation of the practice or workplace. It is the responsibility of the faculty member requesting flexibility to seek solutions which do not negatively affect practice productivity or create undue burdens on the functioning of others. It is the responsibility of supervisors to try to find solutions which support faculty needs in a responsible manner.

4. Department administration can be a resource to supervisors and faculty and offer potential options when needed.

5. Faculty at the practice site should be made aware of the plan that has been developed for the individual faculty member.

6. If the supervisor and faculty member have difficulty finding a mutually workable solution, a member of the Senior Leadership Team will assist in the process.